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Mentally Retarded Volunteers

Pediatricians in Public Health

Howard Preschool Project

Followup on Child Abuse

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The ability to work is often considered one measure of a person's mental health. For the mildly retarded adolescent who also has emotional and organic problems, it is often difficult to get ready for employment as an adult, particularly as society is not yet prepared to provide jobs for every retarded person who could work. Social agencies serving mentally retarded adolescents can help ready them for work as adults.

The Edenwald School, a residential treatment institution in the Bronx sponsored by the Jewish Child Care Association of New York, has undertaken a project to find a way to get retarded adolescents ready to return to the community as working adults. The project emphasizes volunteer work at hospitals, homes for the aged, and a day-care center, for adolescents from 14 to 18 years of age who have been placed in the institution.

Edenwald School serves 64 boys and girls, from 8 to 18 years old, who are mildly retarded (IQ's from 60 to 80). Many of those served suffer from brain damage and severe emotional disturbance. They come from different socioeconomic backgrounds and from both intact and broken homes. Most have been placed at Edenwald School because the problem of a retarded child in the home was more than the family could cope with. The retarded child in some families is the scapegoat, and the treatment he receives there often masks the family's pathology.

Nevertheless, most of the families who place children at Edenwald School have at least one source of strength in the presence of an employable person, usually the father, but sometimes both parents. Ability to work and economic self-sufficiency are extremely important in the family's value system.

Many of the parents of the children placed at Edenwald School have sought counseling for themselves as well as help for their children. The fear that haunts them most is that their children will not become self-sustaining adults. After placing their children at Edenwald, many parents still struggle to accept as reality their children's intellectual and emotional limitations. They must learn to give up hope for advanced education and fantasies about their children's ability to hold jobs requiring skill. Once they face the truth about their children's ability, the first question they ask themselves is whether the children will be able to hold jobs when they are grown. Will the results of brain damage—hyperactivity, distractability, impulsivity, and perceptual difficulties—bar employment? Will limited education rule

readying RETARDED ADOLESCENTS FOR WORK through VOLUNTEER SERVICE

BEATRICE LEVINE

out employability in a world emphasizing education and skill? Will the child's low self-esteem, the result of repeated failure, make him fear venturing into employment? These are some of the questions that persist in the minds of parents with retarded children.

Casework at Edenwald School with the parents helps them cope with their anxiety and lessens the possibility of their further damaging their children. In addition, the school works with each child to get him ready for employment as an adult. The staff of the school knows that a child's successful return to his family hinges on his ability to work when he reaches adulthood. His economic contribution to the family, although important, is not the paramount issue; rather, it is this: the family's perception of him and his own perception of himself as worthy are dependent on his ability to work. If he lives at home without a definite role, his adverse perception of himself grows. His idleness becomes a constant irritant to other members of the family, and it may upset the family's equilibrium and exacerbate its pathology.

A process of evolution

Before explaining how Edenwald School gets an adolescent ready for work in the community, let me define the school's conception of work for its children. The staff believes that the ability to work is an evolutionary process through which individual persons, especially retarded persons, learn the rudiments of self-care and acquire the ability to take responsibility appropriate to their ages, not a stage that suddenly occurs in late adolescence or early adulthood.

Many children at Edenwald do not know how to care for themselves when they are placed. In despair of teaching them self-care, their parents have done everything for them and have, consequently, perpetuated infantile dependency. Edenwald's staff must often teach children how to dress and wash themselves and how to make beds, dust, and sweep. For some children, the repetitive method of teaching suffices. But for others, particularly those with perceptual disorders, special training methods are necessary. For example, 12-year-old Diane, a child with dysphasia, was unable to understand spoken directions and explanations, though she had good reading ability. The school's language specialists wrote out instructions using Diane's own words to explain ideas to her. To explain how to make a bed, for instance, they wrote "take out wrinkles" because that is how Diane put it. Diane referred to written instructions until she could do a task automatically.

The first step Edenwald takes in preparing an adolescent for work is to enable him, even though he has severe organic damage, to care for himself in his environment. When he has mastered self-care, the adolescent usually looks around and sees other boys and girls at Edenwald working; he soon learns that those who work get larger allowances and enjoy higher status. Jobs at the school include assisting kitchen workers, porters, and groundkeepers and waiting on tables in the staff dining room. The adolescents hold in high esteem the job of messenger

from the school to the agency's main office, for it implies trust in them to deliver important material. Although some of the skill acquired in these jobs may be transferable to employment in adult life, the most important reason for offering the opportunity for work experience is to inculcate good work habits. To work successfully, the adolescent must have the drive to carry out a job and the ability to follow directions and to work harmoniously with other adolescents and supervisors.

But for adolescents who failed in many aspects of their lives before placement in an institution, Edenwald School can be a refuge from the world. The thought of returning to the world is fraught with anxiety for them. The school tries to ease its boys and girls back into the community. Preparation for employment is one vehicle used, and adolescents are introduced at age 14 to a cooperative work project the school has with the Federation Employment and Guidance Service of New York. Twice monthly, 12 adolescent boys and girls go as a group to the service's workshop to do simple assembly work, for which they are paid. The service also does initial testing and vocational counseling for Edenwald.

The school's staff knows, of course, that definitive vocational choices cannot be made for adolescent children. But the staff also knows that the school helps the children when it expresses faith in their eventual employability. The idea of working in the community is laden with anxiety for most of the children. They fear they will fail again and that the community will reject them. They cannot always put their fears into words; they mask them with bravado, deny them, act them out, or regress to maladaptive behavior.

The volunteer program

In our urban communities, adolescents get ready for adult employment as newspaper boys, delivery boys, babysitters, camp aides, and, in recent years, as volunteers in recreation centers, hospitals, and homes for the aged. Several years ago the idea of helping the children at Edenwald prepare for employment in volunteer jobs struck the staff as promising. Knowing that the American Junior Red Cross has an extensive summer volunteer program through which it places thousands of young people, Edenwald staff members got in touch with that organization and worked out a program. However, the program proved impractical on several counts. Edenwald's staff, for instance, found it impossible to integrate an adolescent's job performance with his development and adjustment at Edenwald. The school was only alerted to trouble when extreme difficulties developed. Moreover, dissatisfaction with the children from Edenwald grew in the community. Their behavior was too difficult to handle because they needed more supervision than the host agencies could afford, and they did not produce enough to make a real contribution to service. In June 1964, Edenwald was notified that only four children could be placed that summer.

Beatrice Levine is an administrative casework supervisor at the Edenwald School of the Jewish Child Care Association in New York City and director of the school's volunteer work project for retarded adolescents she describes here. Before going to Edenwald 7 years ago, she worked in the group counseling program for foster parents and children in the Association's foster home division. She is a graduate of the University of Pennsylvania School of Social Work.

Clearly, Edenwald's adolescent children could not be sent into the community without better liaison with the agencies offering the jobs. To set up a program that would meet the children's needs, the staff at Edenwald School drew up these goals:

1. To get an understanding of the job assignment by learning what responsibilities each required before determining where to place an adolescent.

2. To require reports on the children's performance on the job so that the staff could help a child handle difficulties as they arose or could help the child make the most of success.

3. To help volunteer directors and job supervisors, on the one hand, avoid unreasonable expectations for job performance and ability to take responsibility, and, on the other, avoid tolerating poor job performance, because acceptance would not help the child and would lead to frustration in the supervisor.

With these goals in mind, in the summer of 1964, the staff of Edenwald School got in touch with four agencies—two hospitals and two homes for the aged—and placed 13 adolescent children with them in volunteer jobs. In the next years, the staff was able to place adolescents in a hospital, two homes for the aged, and a day-care center: 16 in the summer of 1965; 17 in the summer of 1966; and 21 in the summer of 1967. This summer it has 21 adolescents in volunteer jobs.

In addition, after the first summer program proved

successful, the staff developed a year-round work program for which children are released from school one afternoon a week. This program offers work continuity and so lessens anxiety built up between summer assignments. The program also lets the staff put an adolescent in a job when he is ready. Through this program, an adolescent can become acclimated to his job, his coworkers, and his supervisors before the summer, when he will work several days a week.

Liaison with agency

From the beginning of each assignment, Edenwald's staff members encourage the host agency to share information about every aspect of the adolescent's performance, and they are in frequent touch with each agency by telephone or through personal interviews with the director of volunteers. At the start of an assignment, the adolescent's behavior and how his intellectual, organic, or emotional problems might affect his job performance are explained to the director. Once a supervisor understands an adolescent's problem, he usually continues trying to help. In addition, a case aide from the school often works with the adolescent when he begins an assignment and assists him in crisis.

Once staff members of the host agency overcome their fear of or prejudice against working with retarded adolescents, they are eager to help. But their devotion, though vital to the adolescent's success, has drawbacks. In their sympathy, they may not expect adequate job performance or may hesitate to ask for the end of a burdensome assignment. Edenwald's staff believes that persons in charge of volunteer programs must not carry the burden of the adolescents' problems and failures and that they should not feel guilty in requesting an end to an assignment. If an adolescent fails, Edenwald's staff shares responsibility for ending the placement.

Staff members of Edenwald are always ready to visit the host agency whenever trouble develops and do not leave volunteer directors and job supervisors to struggle alone. Nevertheless, directors and supervisors do at times feel burdened. They want to help but cannot always get the adolescent volunteers to do acceptable jobs. At this point, Edenwald's recognition of the problem is vital. If the adolescent continues to perform inadequately despite the support given him, the school ends the assignment.

At times, an adolescent asks the school to end the assignment, even though the host agency finds his performance satisfactory. Emotional problems may make working difficult for him. However, such requests are infrequent.

This project has made it clear to Edenwald's staff that to give successful work experience to the school's adolescents, good working relations are necessary between the school and the director of volunteers and job supervisors at the host agency. Such relations have been established, based on the premise that, although society must provide job training opportunities for the handicapped, job supervisors in voluntary agencies should not bear unreasonable burdens.

Having one person responsible for liaison with the staffs of the host agencies achieves better working relations than having each caseworker discuss his adolescents, Edenwald School has found. As administrative supervisor of Edenwald School, I have been the liaison person with the staffs of the agencies. I am familiar with each adolescent's case from reports from the caseworkers and from information given in staff conferences. I have come to know the personalities of the people in the host agencies and am attuned to the kinds of problems they can or cannot tolerate.

The jobs in which Edenwald's adolescents have been most successful were in kitchens and dining rooms (washing equipment, peeling potatoes, setting tables, and bussing); physiotherapy departments (wheeling patients to their appointments); recreation departments (serving snacks and running bingo games); pediatric wards and a day-care center (taking part in play groups with children); central supply departments and mail rooms (assisting clerks); offices (working as file clerks and messengers); and laboratories (washing bottles).

Hints of the future

The way the school integrates job performance with complete adjustment in the institution and the treatment plan for each adolescent is best explained by an illustration. David, an infantile boy of 15½, was much preoccupied with his physical ailments, particularly because of facial surgery. He had grandiose fantasies that he was helping the school guard protect the other children and the staff from intruders from the community. He did not want to work on the school grounds because, he claimed, he was too ill. When he found that his allowance was contingent on his working, he reluctantly and with trepidation agreed to become a volunteer.

Because of his skill with numbers and the alphabet and his compulsiveness, the school placed him as a file clerk in the X-ray department of a hospital. Needing to hold on to his fantasies, while working there David thought of himself as helping the physicians save lives. He felt needed and responsible for doing a successful job.

Although grandiose fantasies are still part of his personality, successful employment in the community has increased David's self-esteem and has lessened his need to hold on to hypochondria. His infantile demands on his family have lessened, too. As he began to feel less dependent on his family he could look at the pathology there and see how it fostered his infantile dependency. In time, he was able to leave the institution and to take another step in the community through placement in the group residence program sponsored by the Jewish Child Care Association. He is ready for adult responsibility in the community, and is now taking job training through the New York State Division of Vocational Rehabilitation.

Edenwald's volunteer program has also proved valuable in helping predict whether an adolescent will succeed or fail in certain jobs. For example, Martin has failed in two jobs requiring interpersonal relationships. Sandra has shown outstanding ability in working with children. Alice cannot accept authority. Esther, who was not responding to treatment in the school, showed the first positive aspects of her personality when working on a pediatric ward. George failed at his first job, which was sedentary, because of hyperactivity; in a messenger's job, to which he was next assigned, he discharged his energy through constant movement. But he became disenchanted with his job and gave weak excuses why he should not work. The school psychiatrist recognized a work phobia in him, a characteristic that would probably not have come to light in the institutional setting alone.

Emphasis on work habits

The staff of Edenwald School believes that volunteer job experience can be transferred to future employment and that it may be possible for those who have been trained in kitchen work, say, to use their skill in institutional kitchens and for girls working on pediatric wards to become nurse's aides. However, the school's emphasis is on easing adolescents into the community in which they will eventually live and work, not on preparing them for jobs. The school's goal is to inculcate good work habits, not to train for specific jobs.

Grace typifies the adolescent who might not have become employable without the conditioning to work provided by her volunteer assignment. Before coming to Edenwald School, Grace had been withdrawn and addicted to watching television, always fearful of involvement with people. Although she continued to be reserved at Edenwald, especially with other children, she was comfortable. In fact, the school became another haven from the frightening community. On occasional outings with her caseworker, she "froze."

The staff knew that Grace had to be made less sensitive to the "world" and that just talking about her fears with her would not resolve them. With encouragement, she took a volunteer assignment in a hospital with Alice, a quiet but less fearful girl. She became Alice's shadow and rarely talked to adults or other volunteers. However, she performed her duties in a central supply department competently and was liked by her fellow workers. She admitted to her caseworker that she liked her job. But panic overtook her 6 months later when Alice left the hospital job to take vocational training. Grace began complaining about the job and said she wanted to quit. When her caseworker confronted her with her fear of working alone, Grace admitted to this feeling. But with encouragement from the school and the hospital, she kept her job and did well. Finding that she could work independently of Alice helped her succeed and strengthened her ego. On her own, she approached the director of volunteers and asked for reassignment to the pediatric ward, where she has also done well.

The staff of Edenwald School believes that the volunteer project is an important aspect of the school's program aimed at getting retarded adolescents ready to work in the community. So far, success far outweighs failure. Edenwald's staff credits much of the success to the liaison work between the school and the host agencies and to the intensive involvement of the volunteer directors and job supervisors with the children. This project represents a helpful step in preparing the retarded children and adolescents served by Edenwald School for life and in developing community acceptance of the ability of retarded persons to hold jobs.

enriching the PRESCHOOL EXPERIENCE OF CHILDREN FROM AGE 3

I. THE PROGRAM

FLEMMIE P. KITTRELL

The significance of the early years of childhood for healthy physical, mental, and social development has long been known. However, an environment conducive to such development has not been available for large numbers of children in the United States who live in our overcrowded inner cities. Many efforts to change this picture through the provision of special preschool programs for disadvantaged children are now underway. Few, however, have provided children beginning at age 3 with 2 years of the kinds of learning experience usually provided middle class children both at home and in nursery school, have worked with parents to help the children maintain their progress, and have provided mechanisms for evaluation and followup. Such a program was initiated in 1964 at Howard University, Washington, D.C., as the first phase of a demonstration and research project to be carried out with the Children's Bureau, U.S. Department of Health, Education, and Welfare.[1] The university provided the educational services to the children and their parents and the Children's Bureau conducted the research and is now supporting the followup program.

The university's part of the project, carried on for 2 years, will be described in this article. It was conducted by the Department of Home Economics, which had already had a quarter of a century of experience in running a nursery school. The program had two major objectives:

1. To help the children explore a wider environment, pursue their special interests, develop their potential abilities, and create attitudes toward themselves and others essential to the development of self-respect and the achievement of a responsible role in society. Through such stimulation, it was hoped the children would get the kind of experience they would need to have in their background to get along later in kindergarten and elementary and secondary school.

2. To help the children's parents participate in and contribute to their children's enlarged experience and to widen their own interests and knowledge so that they might make use of the facilities and opportunities available in their neighborhoods and in the larger community.

Altogether 38 children, 15 boys and 23 girls, participated in the nursery school program. All had been born between March 15 and September 15, 1961, and were living near Howard University in crowded neighborhoods populated largely by low-income Negro families. All were free of the handicaps that would prevent a child from progressing normally with other children.

The procedures used for selecting them and the 69 children who were to serve as a comparison group for the research are described in the article on the evaluation following this one. [See page 140.] The birth dates of the children were verified through the District of Columbia Department of Public Health.

The nursery school staff consisted of a director (myself), a head teacher, a "floating" teacher who served as liaison between home and school, three other professionally trained nursery school teachers, a parents' worker, and six teacher's aides whose services were provided by a rotating group of 44 home eco-

nomics students majoring in child development. In addition, faculty members from other university departments provided services or consultation as needed—a pediatrician from the School of Medicine, a nurse from the School of Nursing, and a psychologist from the Department of Psychology.

A total of 104 students provided some service to the children or their parents during the 2 years the project children attended the nursery school. They included the 44 students from the Department of Home Economics and 60 students from the School of Nursing, who helped conduct health inspections. In addition to fulfilling their assignments, many students volunteered their services for special tasks such as babysitting for a parent after school or on weekends or taking a lonely child for a walk or to the zoo or reading to him on his front steps.

Getting underway

To stimulate the development of a cooperative nursery school team, a 5-day seminar was held for staff members and assigned student aides a week before the opening of the nursery school on October 1, 1964. The discussion was focused on the developmental needs of children and the roles of parents, the nursery school, and other community facilities in meeting them.

Before the nursery school opened, the teachers visited the homes of all the children who were to take part in the program. In interviews with the parents, they learned to recognize the strength in the children's home life, a feature most often apparent in a deep concern for the child's welfare; and they saw some of the handicaps under which the children lived, the most obvious being dilapidated housing and such overcrowding in the home and in the neighborhood that the child had almost no play space inside or out.

Each child visited the nursery school with a parent or older brother or sister twice before admission to the program, once for a pediatric examination and once for a group of psychological tests. During these visits he met the teachers and was served a snack.

The children were admitted to the nursery school a few at a time during a 2-week period. This gave the teachers a chance to get acquainted with them individually from their first day.

In the nursery school, the children were divided into three groups, each of which was assigned its own teacher and its own area of the school as a "home base." Each teacher had two teacher's aides as associates. The floating teacher served wherever needed. The children were regrouped during the second year, but the teachers remained in the same areas.

On the child's first day, the teachers followed a preplanned schedule. Using the toilet, eating, and sleeping and resting were carried out on schedule. The children ate well and used the toilet without help, but nearly all showed some hesitancy or resistance in taking off their shoes at naptime. They were not pressed at this point, and some went to bed with their shoes on.

Since the children had twice previously visited the nursery school and had become acquainted with the teachers, few of them had difficulty in adjusting to its environment. The most difficult day for the staff came more than a month after the school opened. This was the first rainy day since the opening of school and, so, was the first day during which the children could not go to the playground at all. The children had already become so accustomed to the routine activities that the sudden dropping of an activity that usually allowed them to let off steam resulted in many tears and much difficult behavior.

Usually the children showed signs of stress chiefly when leaving home in the morning, at naptime at school, and in the afternoon when the first busload of children left school for home leaving the others at school.

Routine and curriculum

All the children rode to and from school on a blue-and-white bus with the words *Howard University* standing out clearly on both sides. The children liked the bus ride and they liked the bus driver, a man who had been carefully chosen for the job on the basis of his affectionate disposition and firmness in dealing with children.

The floating teacher, or her aide, always accompanied the children on the bus. She talked to the children's mothers as they put the children on the bus and met them at the end of the day, and in this way became acquainted with problems that might be bothering them. She made notes on these meetings for the other staff members and carried notes from parents to staff members and from staff members to parents.

The nursery school operated from 9 a.m. to 4 p.m., 5 days a week. The children arrived in two busloads; the first at 9 a.m. and the other at 10:15 a.m. Each load included children belonging to the different nursery school groups who lived near each other. Those who arrived in the first busload left at 3:30 in the afternoon. The others left at 4:15.

As head of the Department of Home Economics, Howard University, Washington, D.C., **Flemmie P. Kittrell** was director of the preschool project for disadvantaged children described here. She also provides consultation to other preschool programs in various parts of the United States. She has done extensive work in child development and nutrition in India, where she was from 1950 to 1951 a Fulbright exchange professor. She received her Ph. D. from Cornell University.

No matter which group the children belonged to, they were provided similar kinds of experience during the day, although not always at the same time. All the children were offered breakfast on arrival; received fruit juice in the middle of the morning, a noon meal, and an afternoon snack; and had a chance to rest or sleep. All participated in outdoor and indoor exploring activities; all took part in group play and did some playing by themselves. Within this framework, the teacher planned the group and individual activities according to the children's readiness and needs.

The curriculum for the children was built by the staff gradually as they observed the children. Each day the teachers set up suggestive situations to invite the children's investigation. Thus, the children learned by the delightful process of discovering. Their senses were stimulated through the use of art materials, dramatic play, music, and rhythm. They were encouraged to ask questions and to express distinctions verbally. The children were also given experience that introduced them to the principles of health and safety and social sensitivity and to a sense of the city around them.

The psychologist's reports on the children helped staff members guide the development of each child individually. In addition to reporting IQ scores, he prepared a paragraph on each child tested that described the child's behavior in the test situation, his response to the test materials, and his ability to solve the problems given to him.

Such reports helped the staff in planning each child's program and in recognizing signs of progress. But the underlying principles of child guidance described by Ethel B. Waring [2]—affection, respect, help, approval—were applied in dealing with each child. According to this theory, only when a child feels secure with his teacher does he seek or appreciate her respect, and only when he knows he has her love and respect can he accept her help or value her approval.

Because so many of the children had had little intellectual stimulation at home, the teachers could take nothing for granted. Some of the children had never been read to or had anyone tell them a story. The teacher had to begin with them as many mothers do with babies—first showing them pictures in a book and naming the items in the pictures—and could only very gradually build up to reading or telling a story.

The thrill for the teachers came when a child showed signs of a new awareness, as when Bobby, astounded to see his blue painting turn to green when he added a dash of yellow, shouted excitedly, "Look what I've done!"; or when a child took pride in a new accomplishment, as when Mary, after watching other children skipping, suddenly began skipping herself and crying, "I can do it too! I can do it too!"; or when a once apathetic child like Toby began asking questions, even if only, "What kind of ice cream is this?"

The teachers made special efforts to use authority without coerciveness to help the children develop a sense of responsibility and fairness. For example, when one child pushed in front of others to get to the playground swing, the teacher took his hand and, leading him from the swing, said, "Let's wait for your turn. Andy and Barbara are ahead of you. Let's watch them, then it will be your turn." She held his hand while they waited and said, when his turn came, "*Now* it is your *turn*."

As the children found that acceptance of authority usually resulted in benefits for themselves, they seemed to move closer to the teachers' goals—the development of ability to conform in appropriate situations and to be creatively nonconformist in others.

Staff and parents

From the beginning of the project, the staff members knew that the success of their work with the children depended a great deal on the parents. To plan appropriately, they needed to know many of the things the parents could tell them about the children. They also needed the parents' cooperation in getting the children ready for school each day and in being ready to receive them when they were brought home. They needed the parents' permission to take children to a clinic or to have them treated for an illness at school. They needed the parents' help

in carrying out activities at the nursery school. At the same time, the parents needed help from the staff in learning, through observation and discussion, about ways of encouraging healthy development in children.

Out of this interdependence, the staff members and parents gradually forged a cooperative team relationship. It began to develop even before the opening of the nursery school at a meeting to which the parents of all the children accepted for admission had been invited. Somebody from each child's family came—if not his mother or father, then an older brother or sister or some other adult relative. Staff members described the program planned for the nursery school and asked the persons at the meeting whether they would like to help with special activities in or for the nursery school and, if so, in what way and when. Everyone expressed interest and did participate in the 2 years that followed.

Things did not always go smoothly, however. When the children first began attending the nursery school, some of the mothers seemed to regard the staff members with mistrust and even hostility. One mother called on the director and threatened to withdraw her child from the nursery school because he had fallen and bruised his leg on his first day at the school. After receiving a polite apology and an explanation, she became, and remained, one of the most cooperative parents in the group, although her child sustained many other falls and bruises in his 2 years at the school.

The staff members learned that they had to earn the goodwill of the parents and that they had to make it easy for the parents to understand the motives behind their actions. They never visited a child's home without an invitation from his mother or father or without telephoning or sending a note to the parents asking for time to talk over some special problems or to secure needed information. If it seemed that a visit from a staff member would not be welcome, the teacher invited the mother to come to the school, suggesting that she come on the bus with the children and promising to send her back by taxi. The parents usually expressed appreciation for such thoughtfulness.

One of the nursery school teachers tries to get the attention of a little boy distracted by a game in another corner of the room.

Parents' activities

During the first year of the project, most of the parents' activities were carried on in meetings either at the school or in the neighborhood during which the parents worked together to make articles for the nursery school such as washcloths and aprons for the children or helped plan special events for the school such as Christmas, Easter, and Family Night parties. Many of the mothers learned to sew during these sessions, and others took pride in helping them learn. The parents' worker attended the meetings, helped the mothers in their work, and stimulated discussions of various aspects of child care—the kind of food a growing child requires, dressing a child for school, how to encourage and answer a child's questions.

At first all meetings were held at the nursery school. The neighborhood meetings grew out of the interest expressed by a mother who was unable to get to the school on meeting nights. Several mothers volunteered to hold meetings in their homes for parents who lived near them and at times most convenient for all concerned. Sometimes two mothers shared the responsibility for serving refreshments. At two of the meetings, fathers helped serve; and to help prepare for one, a teenage daughter stayed home from school to clean house—not a recommended practice, of course, but an incident illustrating the importance the families attached to the meetings.

After a while the parents were encouraged to come to the nursery school individually when they could to help the teachers and to observe their children as

they participated in the activities. Many parents became fascinated with activities when watching their child and his teacher through the one-way mirror, and they listened thoughtfully as the parents' worker explained the teacher's actions. When one child became restless, his mother asked, "Why doesn't the teacher hit him?" She was deeply impressed when the teacher calmed the child down by taking him on her lap. While in the nursery school, the parents helped the teachers by reading to the children (even those who had never read to their children before), taking the children out to the playground or for a walk, or helping with special tasks such as painting playground equipment.

During the second year of the project, fewer parent meetings were held, but the parents were encouraged to take a more active part in the work in the nursery school. Parents who were free during the day were asked to help with the children on a scheduled basis each week. Those who were tied down by responsibilities to jobs or who could not make a regular commitment were asked to continue to come whenever they could. During this year, the children were taken frequently on trips off the Howard campus—to see a grocery store, the branch library, or the zoo—and the parents often went along.

The practice of celebrating special events was continued in the second year. The children remembered these events from the year before and looked forward to them with great excitement, especially to Family Night. They kept asking their parents if they would attend, and one eager little girl made a suggestion to the director: "If you send my mother a letter, my father will get a taxi and bring us to the school for Family Night."

Two important parents' projects initiated by the parents themselves suggest the carryover value of their observations in the nursery school. One was the Public Library Project. This grew out of a desire expressed by some of the parents, who had observed the pleasure their children took in books and storytelling in the nursery school, to have children's books to take home over the weekend. As a result, the parents' worker encouraged the parents to take their children on Saturdays to a branch of the public library near the nursery school, and many mothers did so. While the children listened to a children's librarian tell or read stories, their mothers read children's books recommended by the librarian to learn stories to tell their children. For many parents, however, a Saturday trip to the library was difficult or impossible. Therefore, under an arrangement made by the parents' worker with the city librarian, a library service was set up in the nursery school. Each family was allowed to sign out as many as four books for the weekend. The public library supplied the books through the parents' worker and kept them in good repair in spite of the rough handling they often received.

The other outstanding parents' project was the Family Exchange, a clothing, book, and toy pool operated by the parents themselves. This exchange served a need for many of the children in the nursery school. It also gave those parents who could a chance to share with others. Mending clothing from the exchange was often the "doing activity" of a parents' meeting.

THROUGH THEIR EXPERIENCE with these parents, the staff of the nursery school learned that parents from overcrowded city areas have high aspirations for their children. They also learned that such parents have a great deal of pride. Their pride was evident when many expressed resentment at a local television announcer's description of the program as for the "culturally deprived children of a poverty area."

If the Howard University nursery school were to participate in another project of this kind, it would make changes. It would not, for instance, label the project "for culturally deprived children and their parents," and it would not limit the service to children of the Negro poor. It would make a special effort to cross census tract lines to bring about social and racial integration among preschool children and their parents.

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enriching the PRESCHOOL EXPERIENCE OF CHILDREN FROM AGE 3

II. THE EVALUATION

JEAN C. FUSCHILLO

Would 2 years of participation in a nursery school program before kindergarten affect the intellectual development of children from low-income inner city neighborhoods? To answer this question, the Children's Bureau undertook the evaluation of the Howard University preschool project for disadvantaged children described in the preceding article. This involved planning the procedures for recruiting families to participate in the study and selecting from them two groups of children between 3 and 3½ years of age: one group to be admitted to the nursery school as the "experimental group"; the other, not to be admitted to the nursery school but to be followed for comparison.

The recruitment began early in the summer of 1964 with a door-to-door canvass in densely populated, low-income neighborhoods of four census tracts adjacent to Howard University, in Washington, D.C. About 200 families were found who had children between the ages of 3 and 3½ years. Only children whose parents spoke English and who had no previous nursery school or group-care experience and no gross physical or emotional handicaps were considered.

Nearly all the parents approached expressed a willingness to have their children included in the study even though they were told that all the children would not be admitted to the nursery school. However, as the summer wore on, some families moved out of the area, others failed to keep appointments for their children's physical examinations and psychological tests, and a few entered their children in other preschool programs.

All the children in the experimental group were drawn from one census tract (selected by a flip of a coin) to make their transportation to the nursery school easier, while the children in the comparison group were drawn primarily from the other three census tracts. Otherwise the selections were made at random. By the opening of the nursery school in October, 38 children (15 boys and 23 girls) had been assigned to the experimental group and 69 children (32 boys and 37 girls) to the comparison group. More children were assigned to the comparison group than to the experimental group because more families who were not receiving the nursery school service were expected to drop out of the study. Because of the population composition in the census tracts involved, all the children in both groups were Negro.

Dropping out of the study occurred much less frequently in both groups than the research staff had anticipated. In the 2 years, only two children left the nursery school and only six dropped out of the comparison group. Perhaps the loss was so much smaller than expected because of the close contact maintained by the school staff with the parents of the children in the experimental group and the semiannual meetings between members of the research staff and the parents of the children in the comparison group. The high regard of these families for Howard University may also have influenced them to stay with the project.

The staff did not attempt to obtain specific socioeconomic data on the families before selecting them, except for recruiting them from low-income neighborhoods. However, the research staff held individual

interviews with the parents of each child in each group during the early part of the first school year and followup interviews several times during the rest of the 2 years. The information obtained from these interviews revealed that the families in the experimental and comparison groups were comparable in such salient socioeconomic characteristics as annual income—the median family income was about $3,500; income per child—the median was about $800 per year (actually an inflated figure since it was obtained by dividing the family's income by the number of children without allowing for the adults); number of children in the home—the median was 4; proportion of families receiving public assistance—14 percent of the experimental group and 22 percent of the comparison; and parents' education—the median for the "highest grade completed" by the parents was 10.

Over three-fourths of the families in both groups had lived in the District of Columbia for 10 years or more. About two-thirds of the mothers in both groups were living with their husbands at the time of the study. However, the father was the sole support in less than 45 percent of the families. In both groups, about 25 percent of the mothers worked, usually part time or intermittently. Additional sources of income included public assistance and help from relatives.

Housing conditions in both groups were usually poor and crowded. The median number of persons per room was 3 in the families of the experimental group and 2 in the families of the comparison group—exclusive of bath and kitchen, unless the kitchen was used as a sleeping area, as it was in many homes. In the experimental group, 47 percent of the families shared a kitchen or bath, or both, with another family, as did 24 percent of the families in the comparison group.

Socioeconomic levels

Obviously, the families in both groups were at the lower end of the socioeconomic scale. However, within each group, there were distinct socioeconomic differences. A few families seemed well organized, responsible, and able to maintain a slightly better standard of living than the others. A few seemed particularly disorganized and were living in squalor. The majority seemed to fall somewhere between these two extremes.

To determine whether these family differences affected the children's ability to benefit from the nursery school experience, the families in the experimental group were classified as belonging to one of three socioeconomic (SES) levels—all within the low SES stratum—on the basis of both impressionistic judgments and quantitative socioeconomic indicators. Four staff members—two nursery school teachers, the parents' worker, and the senior research worker—rated the families of the children in the nursery school along five dimensions: occupation and income level, education, residence, family competence, and attitudes toward children's schooling. On the basis of these ratings, the staff members then designated one quarter of the families as the high-low SES group, and another quarter as the low-low SES group. The remaining half were designated as the middle-low SES group. In each SES group, the ratio of boys to girls among the nursery school children was about the same, as in the total experimental group.

The impressionistic ratings of the staff were found to be closely associated with the ratings made by the interviewers in relation to 10 of the socioeconomic items on the interview schedules used with the parents: annual family income, income per child, regularity of income, number of children in family, number of persons per room, kitchen or bath shared with another family, judgments of appearance of premises and of quality of housekeeping, telephone in home, and mother's education. The staff members did not become well enough acquainted with the families in the comparison group to gain meaning-

Figure 1

RESULTS OF STANFORD-BINET TESTS ON THE CHILDREN

Year tested	IQ scores			
	Experimental group		Comparison group	
	Range	Mean	Range	Mean
1964 (October)...	59–113	82.8	61–118	85.5
1965 (June).....	63–119	92.8	57–121	86.3
1966 (June).....	74–122	97.4	56–123	89.5
Gain in 2 years....		*14.6		*4.0

*The difference (10.6) between the experimental group's and the comparison group's gains is significant at the .01 level.

ful impressions of their SES standing. Therefore, to classify the families in the comparison group according to SES level, the interviewers' ratings on these 10 socioeconomic items were added together and the families ranked according to the scores.

In both experimental and comparison groups, the median income of the families classified as high-low SES was about $5,000 as compared with $3,400 and $2,800 for the families in the middle-low and low-low SES groups.

A considerable amount of evidence emerged to suggest that differences in the family's SES standing even among these low-income families had a real effect on the children. For example, differences in SES standing were associated with the children's attendance records—the children from the high-low and middle-low SES groups attended the nursery school more regularly than did the children in the low-low SES group; with the degree of participation by parents in the adult activities program—the higher the SES level, the greater the participation; and with the pattern of IQ increase over the 2-year period, a point to be examined further on.

Test results

The real test of the effectiveness of the nursery school experience will, of course, come when the school performance of the children in the experimental and comparison groups can be compared. All the children entered kindergarten in a Washington public school in September 1966 and the first grade in September 1967. Their progress will be followed for several years by the Social Research Group of George Washington University with support from the Children's Bureau.

However, tests given the children before, during, and after the 2-year nursery school period gave some indications of whether the nursery school experience helped them develop certain kinds of skill that are normally associated with school achievement—language usage, perceptual discrimination, concept formation, sensory-motor coordination, comprehension of verbal directions, memory, and use of numbers. All the children in both groups were tested during the summer of 1964 before the opening of nursery school, at the end of the first year (June 1965), and at the end of the second and final year (June 1966). The Stanford-Binet Intelligence Scale was administered on all three test rounds. The Peabody-Picture Vocabulary Test, portions of the Merrill-Palmer Test, and two subtests from the Illinois Test of Psycholinguistics (the Auditory-Association Test and the Auditory-Automatic Test) were given as supplements in two of the three test rounds.

A summary of the IQ gains of the experimental and comparison groups is given in Figure 1.

At the beginning of the project, the mean IQ score of the children in the experimental group was slightly lower than that of the children in the comparison group. The mean score for the experimental group increased by 10 points the first year, and 4.6 the second year, for an overall gain of 14.6 points. These gains are within the upper range of gains reported in similar studies.[1-4] Among preschool programs for the disadvantaged, the greatest increases in scores are usually made in the first year of preschool and the greatest gains are usually made by children whose initial IQ scores are relatively low, in the high 70's or low 80's.

The children in the comparison group made an average gain of four IQ points in the same 2 years. No effort had been made to discourage parents in the comparison group from enrolling their children in other preschool programs, but a semiyearly check was made with them to find out whether any of the children had been so enrolled and if so where. Only 11 children in the comparison group did have some kind of nursery school experience for longer than 6 weeks during the 2-year period, most of them in Headstart programs. An analysis of the IQ scores of these 11 children indicated that they did *not* account for the increase in the mean score in the comparison group. Thus the small but statistically significant increase in scores of the children in this group remains unexplained. It may be the result of greater skill in taking tests developed by the children through practice during three test rounds or a response to the attention received.

Results from other tests showed significant gains by the children in the experimental group and negligible gains by those in the comparison group. However, the two subtests from the Illinois Test of Psy-

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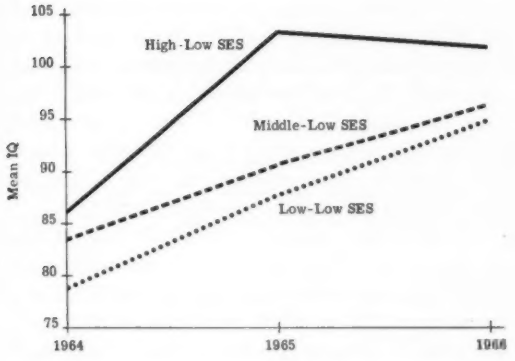
Figure 2

PATTERNS OF IQ GAINS IN EXPERIMENTAL GROUP

by socioeconomic status (SES)



cholinguistics indicated that at the end of 2 years of nursery school the children in the experimental group were still over a year below the norm for children of their age in associative language ability, grammar, and syntax. This finding corroborated the impression of teachers and research staff members that the children still had a long way to go to "catch up" with middle class children of their age in ability to express themselves through language. Similar findings from other studies have led to the development of preschool programs that specifically aim at remedying the language deficits of the disadvantaged child.[5]

Patterns of IQ gains

The nursery school children made their greatest gains in IQ scores during the first year of the program—an average 10-point gain, as compared with only a 4.6-gain the second year. However, an analysis of these IQ gains in relation to family SES level shows that in the first year the largest gain was made by the children from the high-low SES families, even though these children had slightly higher IQ scores at the beginning of the study than did the children from the other SES levels. On the average, the scores of these children jumped 17 points the first year of the nursery program. This is over twice the average gain made by children from families in either the middle-low or low-low SES level. However, during the second year of nursery school, the mean IQ of the high-low SES children dropped a point. Children from the middle-low and low-low SES levels made approximately the same gain in 2 years as the children from the high-low SES level had made in 1 year. Children from the low-low SES group gained an average of 9 points the first year and 7 points the second year, while those from the middle-low SES group gained an average of 7 points the first year and 6 points the second year. A visual presentation of these patterns of gain appears in Figure 2.

A similar but less striking pattern of IQ gains was found when they were plotted against "income per child." None of the other nine SES indicators taken alone appeared related to extent or pattern of IQ gains, nor was the pattern of gains associated with the extent of parent participation in the adult program (as crudely measured by the number of group meetings the parents attended and the number of contacts they initiated with the school), the absence or presence of a father in the home, or being in a particular teacher's group. However, there was a positive relation between a child's attendance and the extent of his IQ gain, except for a few children with very high attendance records whose initial IQ scores were slightly higher than average when the project started and who made less than average gains over the 2 years.

These patterns of IQ gains suggest that children from the most deprived homes may need at least a 2-year nursery school experience to get the full benefit of a preschool program, while those from less economically depressed and better organized families may need less. Whether the children from the high-low SES level might have made further gains the second year in a more challenging environment that included children from middle or upper-middle class homes is a question needing investigation.

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a CAREER DEVELOPMENT PROGRAM in MATERNAL and CHILD HEALTH

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SAMUEL DOOLEY, M.D.
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CONSTANCE FRASER

Recruitment of professional medical workers into the field of public health has always been difficult. Two recent studies of professional medical workers in the field of maternal and child health (MCH) conducted in 1962 [1, 2] indicated that State and local health departments needed to recruit many more young physicians to fill existing full-time positions. Furthermore, the studies showed a need to prepare more physicians in MCH who have clinical medical specialty board certification in either pediatrics or obstetrics. The following are some of the other findings of these studies.

One of the studies conducted in 1962 found that, of the 261 full-time medical positions in State and local MCH and crippled children's (CC) agencies, 52 (or 20 percent) were reported as vacant and that most vacancies had existed for one or more years.[1] The percentage of vacant positions reported probably did not show the extent of need because of the well-known agency practice of eliminating positions that have remained vacant for a long time.

The same study showed that only slightly over half, or 54.1 percent, of the physicians employed full time in MCH and CC services had been certified by a medical specialty board and that another 16.2 percent, although eligible for board certification, had not been certified. The certified group consisted chiefly of pediatricians. Only four full-time physicians (2 percent) were certified by the American Board of Obstetrics and Gynecology.

The second study queried all physicians in the United States who had majored in maternal and child health in any school of public health in this country between 1947 and 1961 [2]—163 in all. Of these, 122 responded to the questionnaire. About 80 percent of the respondents had had clinical training in pediatrics, of whom slightly over half had been certified by the American Board of Pediatrics; and 6 percent had had clinical training in obstetrics and gynecology, of whom slightly less than one-third had been certified by the American Board of Obstetrics and Gynecology.

The mean age of the 122 respondents at the time of admission to a school of public health was 36.4 years. The mean interval between graduation from medical school and admission to a school of public health was 10.6 years; however, for 20 percent, the interval had been 20 or more years.

These facts indicated that only a small proportion of physicians were being recruited into the field of public maternal and child health and that it usually took at least a decade for those who did eventually go into this field to seek public health training. They also showed that a large proportion of those who majored in maternal and child health were never board-certified in either pediatrics or obstetrics. On the basis of these findings, the Conference on Maternal and Child Health Teaching in Graduate Schools of Public Health recommended in 1962 that an MCH career development program for young physicians be established to meet the long-range needs for physicians in the MCH field. This article will describe some aspects of the first program established, the MCH career development program at the University of California School of Public Health, Berkeley. The program is operated in conjunction with four medical schools. Initiated in 1965 with a grant from the Rosenberg

Foundation, it is now supported with funds from the Children's Bureau.

The program

The first part of the program to get underway was the program for pediatricians. This has three major objectives:

1. To recruit interested medical students, interns, and first-year pediatric residents to the MCH and CC fields.

2. To enable physicians at the outset of their careers to obtain training in public health with a major in MCH combined with training in clinical pediatrics.

3. To recruit interested physicians employed part time in State and local MCH and CC services to full-time employment in the MCH and CC fields and to prepare them (a) to develop and administer MCH and CC programs at local, State, national, or international levels; (b) for teaching positions in medical school pediatric departments or in MCH departments in schools of public health; (c) to conduct research in relation to MCH and CC; (d) for practice in the community aspects of pediatrics through part-time, or full-time, consultant positions with State and local health departments.

The program for recent medical graduates is a 3-year training program, consisting of 2 years of pediatric residency training in a university hospital affiliated with a medical school and 1 year of public health training with a major in maternal and child health in the University of California School of Public Health at Berkeley. The residency training is provided in the departments of pediatrics and the hospitals of four medical schools on the West Coast—the University of California in San Francisco, Stanford University in Palo Alto, the University of Washington in Seattle, and the University of Southern California at Los Angeles—and three other hospitals—Children's Hospital in Oakland and Mount Zion Hospital and the Kaiser Foundation Hospital in San Francisco. The first and third years consist of pediatric residency training. The first year's training is similar to the usual residency training in pediatrics. The pediatric residency training in the third year is designed to further orient the trainee toward the field of maternal and child health and community pediatrics. The manner of accomplishing this varies in the various medical schools and hospitals involved.

The second year of the training program for pediatricians is divided into two parts:

1. A 3-month period after completion of the first year of pediatric residency training and before entrance to the School of Public Health that may be spent in a health department observing and participating in MCH and CC programs; in a department of pediatrics of a medical school, where the training includes some observation of MCH and CC services in the community; in a tax-supported hospital that has some community-oriented health services; or in the School of Public Health participating in a research project.

2. A 9-month period at the School of Public Health as a candidate for the degree of master of public health with an MCH major.

Immediately following the academic year at the School of Public Health, career development students participate in a 2- to 4-week field trip to Puerto Rico. Planned with the help of the MCH faculty of the University of Puerto Rico School of Public Health, this trip is supervised by the professor of MCH there and by a MCH faculty member of the University of California School of Public Health at Berkeley. It emphasizes regional planning and organization of maternal and child health services and the integration of preventive and curative services.

For the past 3 years, the MCH faculty at the University of California School of Public Health has been conducting a semimonthly seminar for all career development students in the Bay area. In the first year, the seminar was focused on the presentation of individual cases of families with multiple problems who required the services of a number of community agencies. Since then, it has been focused on public health principles and methods of delivering care to mothers and children, demonstrated through field visits.

The training plan for the future includes two ad-

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ditional steps to broaden the experience of the trainee and to prepare him for employment in the MCH field. One is to assign each career development student a family to follow for 3 years, during which time he will study the community agencies serving the family. The other is to assign each career development student to part-time work in a community program of comprehensive health care for children and young people.

In the planning stages of the training program, the School of Public Health formed an advisory committee to guide the development of broad policy. The functions of this committee are to (1) set broad policy regarding the training program; (2) periodically review and evaluate the program; (3) recommend modifications as experience is gained in the program; and (4) review policies for the selection of trainees. The committee is composed of faculty members from the School of Public Health and the four medical schools and the three other hospitals. In addition to meeting with this committee, the members of the MCH faculty of the School of Public Health meet with the trainees and the faculty member in each medical school responsible for the program to review the individual program of each trainee.

Each of the four medical schools and the three other hospitals has designated a faculty member to be in charge of the career development program and its students for the first and third years of training, that is, the years of pediatric residency. The MCH faculty in the School of Public Health is responsible for the year of public health training. Each trainee's 3-month summer program at the end of the first year is usually planned by the department of pediatrics of the medical school and reviewed by the MCH faculty of the School of Public Health.

The trainees for each of the four medical schools are selected by the medical school's department of pediatrics and by the MCH faculty of the School of Public Health.

In the beginning of the program, the trainees selected were recent medical school graduates who had just completed their internships. More recently, the program has also included an older group of physicians, usually in their thirties, who have had experience in some phase of public health and who wish to receive further training in both pediatrics and public health. Thus far, 10 trainees have completed the career development program, seven of whom came to the program immediately after finishing their internships and three after having had some experience in the public health field. Six of the trainees have been elected to Delta Omega, the honorary society at the School of Public Health, an indication of their caliber.

The program in obstetrics and gynecology has many similarities with the program in pediatrics. It took on its first trainee in 1966 and has since recruited another. It is a 3-year program carried on by the School of Public Health and the University of California Medical School for physicians who have had 2 years of residency training in obstetrics and gynecology.

The plan consists of 2 years of further residency training in obstetrics and gynecology, followed by a final year at the School of Public Health, with a major in MCH and special emphasis on maternal health, including family planning.

A faculty member in maternal health, who holds a joint appointment in both the School of Public Health and the Medical School, is responsible for the trainees.

The results

The faculty of the School of Public Health spends a great deal of time with the trainees assisting them in planning their future employment career.

Five of the seven trainees who completed their training in June 1967 and 1968 are now employed full time in the field of MCH. One is employed as pediatric consultant in a regional center for mentally retarded children. The second is employed in a local health department as assistant health officer in charge of MCH. The third is employed in a preschool program in a local board of education. The fourth is taking an additional year of training in pediatrics and child health and will be assistant director of a comprehensive health care project for preschool and school-age children. The fifth is employed in the department of pediatrics of a medical school. The other two have employment plans.

Thus, to date, the program has been accomplishing its objectives of early recruitment of qualified physicians; provision of combined training in pediatrics, or obstetrics, and maternal and child health; and subsequent employment of the trainees in community agencies serving mothers and children.

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Denver's welfare department looks into the characteristics of . . .

INJURED CHILDREN and their PARENTS

BETTY JOHNSON ● HAROLD A. MORSE

The question of how to insure the day-to-day safety of children who have been injured by their parents if they remain at home or are returned to their parents after protective separation is always of major concern to persons responsible for protecting children, including child welfare workers, judges, physicians, and police officers. Before their services can be effective, the persons offering them must know what such children and their parents are like and what their problems are.

In June 1963, the Division of Services for Children and Youth of the Denver (Colo.) Department of Welfare began a study of its work with families in which a child or children had been injured by the parents to determine the characteristics of both.

The study included 101 children known to have been injured: 48 children in the division's caseload at the end of June 1963 and 53 children who were added between July 1963 and November 1964. These children represented 85 families with 268 children (167 of whom were not injured during the study period). The division identified all children in its caseload known to have been injured, without regard to the source of referral or the official action taken. A case was included if the child had been injured or mistreated by a parent or caretaker or if the injury occurred because of negligence. Instances of sexual abuse and malnutrition were excluded, as were cases involving children 14 years of age or over.

Since 1951, the division has participated in a Protective Service Program in cooperation with the Denver Juvenile Court, the Denver Police Department, and the Denver General Hospital. The purpose of the program is to help, not punish, parents who neglect or injure their children. The services the division offers include counseling, shelter care, homemaker service, foster boarding home care, tutoring for children, group care, assistance to parents in learning how to use community resources, and group activities for socially isolated parents.

The study schedule for each child was completed by the child welfare worker responsible for his case on the basis of case records and his knowledge, observations, and judgment. The tabulations and analysis were completed by the Research and Reports Unit of the Department of Welfare, in cooperation with the department's study committee.

The child welfare workers completed several schedules for each child: one for each incident of injury to describe the action taken by official agencies such as the police, the court, and the division; another on each injured child's development and ability to function at the time of the incident; another on his family; and one each for all other children in the family. These schedules provided material for evaluating the family at the time of the incident and at the time the case was closed or at the end of the study in July 1965. Child welfare workers conducted final studies from case records in December 1966.

Outcome, 1966

Of the original 101 children identified as having been injured by their parents or caretakers, 97 were alive and 27 were still receiving services from the division in December 1966. The child welfare work-

ers felt that 19 of the children not being served were inadequately protected. One child was living with his mother awaiting institutional placement, but the cases of the other 18 had been closed and the division had no legal authority over them. In 12 cases, the families had left the State; in six, the families had refused further services.

One of the first matters of concern in a child abuse case is safety for the child in his home. If it appears that the child cannot remain safely in his home, at least temporarily, a dependency petition is filed with the juvenile court. During the study period, the court assigned custody of 45 children to the division; in December 1966, the division still held custody of 10 children. Of them, nine were in foster homes and one was living with his mother awaiting institutional placement.

During the period of service, 79 children were removed from their homes: 63 were removed as soon as the injury became known to the authorities; the others, after further work with the family or later court action. Most (53) were placed in receiving foster homes sponsored by the division; 10, with relatives. Sixty percent of the 79 children were placed at the parents' request and with their consent; the others, by court action. At the end of 1966, 97 children were living with their parents (65), with relatives (7), in foster homes (9), in adoptive homes (10), in group care sponsored by a private agency (3), in group care sponsored by a public agency (1), and in the State's training school for the retarded (2). The likelihood of removal, both temporary and permanent, and of immediate placement after the injury was higher when the mother rather than the father had inflicted the injury.

In a third of the cases, the cause of the injury was first reported as unknown or as having been inflicted by someone outside the family. However, the child welfare workers were usually able to determine who had inflicted the injury because parents or relatives frequently let them know, either directly or tacitly, who was responsible after a relationship of confidence had developed between them. On this basis, the workers decided that the injuries in question were inflicted by these persons: the mother in two-parent families (32), the father (or stepfather) in two-parent families (30), both parents (6), the mother in one-parent families (23), the mother's boyfriend (5), an adoptive parent (3), a brother (1), and an "undetermined" person (1).

Half the children were under 3 years of age at the time of injury; two-thirds were under 6. Almost a third were between 6 and 9. Only one or two were between 10 and 14. The parents on the whole were young; most were between 21 and 30 years old. About 45 percent of the families were Anglo-American; 35 percent, Spanish-American; 21 percent, Negro; and 1 percent, of other racial or national origin. About two-thirds of the families had three or fewer children. About 33 percent had four or more children. Two percent had eight or more.

A fifth of these families were already receiving services from the division because of child neglect at the time the injury was reported. The rest were referred as a direct result of the injury.

Classification of injuries

About two-thirds of the children were severely injured: 67 were seen by physicians, 45 of whom were hospitalized. As we have already mentioned, three were fatally injured and another died from gross neglect. As a result of injury, 11 children were physically impaired, six were mentally impaired, and nine were permanently disfigured. About a third of the children were not severely injured and were not seen by physicians.

Based on medical findings, the injuries were classified as skull fractures (8), subdural hematoma (5), limb fractures (11), wounds or punctures (27), burns or scalds (6), and bruises and welts (68). Some children sustained more than one kind of injury.

The injuring fathers were more likely to have inflicted injuries causing bruises and welts; the injuring mothers, wounds and fractures. In more than half the incidents, injury resulted from slapping, spanking, striking, yanking, throwing, or shoving. In a third, a belt, strap, or stick was the means of attack; in five, a bottle, club, hammer, or knife. Scalding water caused five children's injuries; a burning cigarette or match, another's.

Four of the parents who had inflicted injuries were considered to be psychotic on the basis of physicians' diagnoses made during the course of work with the family. In the opinion of child welfare workers, nine

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of the injuring parents were mentally retarded, 36 were mentally disturbed, and 16 apparently drank to excess.

The examinations of the 67 children seen by physicians indicated that the injuries in question were not the first: about 40 percent had sustained previous injuries. In these instances, the mother more typically than the father was the injuring person, whether or not the father was in the home. Twenty children suffered subsequent injuries from the same parent during the study period.

The community's response

Reports to the police of the first injuries came from several sources: landlords and neighbors (17), the child's mother (14), the child's father (1), other relatives (5), the Denver General Hospital (9), the Colorado General Hospital (1), the public schools (7), staff members of the division (13), a private physician (1), and a private hospital (1). (Since 1963, Colorado has required physicians and hospitals to report injuries of children appearing to be nonaccidental to the police department and the division.)

Agents referring incidents to the division included the police (50), Denver General Hospital (13), the public schools (6), public assistance workers (5), the child's mother (6), the father (4), other relatives (5), the child himself (3), and a physician, a private hospital, and a private welfare agency (1 each).

Nearly three-fourths of the referrals to the division were made within a week after the incident. As the detective of the Juvenile Bureau of the Police Department is the liaison officer for protective services with the department and confers with the intake child welfare worker at the department daily about calls the police receive, all incidents of injury or neglect reported to the police are referred to the division within 24 hours. Thus, the child welfare worker usually becomes involved in a case at the time of crisis for the family.

Twenty-two arrests were made as a result of injuries to these children: 16 fathers, four mothers, and two other persons not related to the children. Both parents were arrested in two cases. At the end of the study, two cases were still pending and 11 had been dismissed. Nine parents had been convicted: three mothers, all of whom had been placed on probation; and five fathers, four of whom had been sentenced to imprisonment and one placed on probation.

By agreement between the police department and the division, the police file petitions for children removed from their homes because of immediate danger. The division files petitions only after having found through working with the family that court intervention is indicated.

Dependency petitions were filed in the juvenile court in behalf of 83 children. All but nine petitions were sustained. Custody was assigned to the division for 38 children after one hearing and for seven others after additional hearings. In three of these cases, the dependency petition was filed by the staff of the division based on subsequent information, not on the findings of the original investigation.

As a result of the first incident of injury, 63 children were removed from their homes either temporarily or permanently. Of them, 53 were placed by the division in child welfare receiving homes or foster homes and 10 with relatives. Twelve were placed outside the home voluntarily, without court involvement.

The injured children

A finding the division considers significant is that nearly 70 percent of the children had shown physical or developmental deviation before the injury was reported, perhaps caused by parental failure to meet the greater demands of some infants. Regardless of the etiology of the deviation, most of the children were hard to care for. They did not gratify the parents' self-image or were threatening to it because they failed to respond to care, to thrive, and to show normal growth and development. The child most likely to be abused was the one who was overly active or who was the most difficult to supervise and care for. The child welfare workers considered about 20 of the children to have been "uncontrollable" and subject to severe temper tantrums. In their opinion, about 19 were below normal in speech development; about 17 were mentally retarded; about 16 had toilet training problems; about 14 had feeding problems; eight had physical handicaps or deformities; and two suffered from brain damage.

The child welfare workers described the 52 children under 5 years of age as whiny, fussy, listless, chronically crying, restless, demanding, stubborn, resistive, negativistic, unresponsive, pallid, sickly, emaciated, fearful, panicky, unsmiling. They found that about 25 percent were below normal in language development; almost half showed signs of malnutrition, dehydration, arrested development, or failure to thrive; about a fourth of the girls were slow in learning to walk; about a fourth of the children had

toilet training problems; about half had been bottle fed in infancy; about a half were born of unwanted pregnancies; and about a fourth had been born out of wedlock. In addition, the workers found, about half the children were not loved by their mothers and about the same proportion were not loved by their fathers.

The children 5 years old and over typically appeared to the child welfare workers as gloomy, unhappy, and depressed. They tended to be selfish and inconsiderate or unassertive and self-sacrificing. They were ingratiating or insincere. The girls tended to be flippant and impertinent. Nearly all the children were either hyperactive or listless, boisterous or silent. Other children usually bullied them, and they had few friends. They seldom took out their frustration through such acts as stealing or vandalism. They appeared to be deceitful, immature, and overly dependent for their ages. They were dissatisfied with home and school. They openly expressed disrespect toward their fathers, more so than most children, and were sullen or ingratiating toward their mothers. About 10 percent of the children were mistreated by their brothers and sisters, but about 20 percent mistreated their brothers and sisters.

Their brothers and sisters

Eleven of the 167 brothers and sisters of the 101 injured children in the study group were injured before the study period. Considering both groups, the older rather than the younger children were more likely to be the ones injured and the middle children, the least likely.

Half the children in both groups were boys, as in the general population. Thirty-six percent of the injured children and 40 percent of the uninjured children were born out of wedlock. But neither the child's sex nor the condition of his birth seemed to affect whether or not he was injured.

The children who had not been injured were generally healthier than those who had. The poor health of the injured children apparently was due in part to parental neglect.

Less than half the injured children showed satisfactory mental and emotional development. The uninjured children fared a little better, but both groups of injured and uninjured children tended to be shy, gloomy, and passive. All the children were generally deprived of parental care and affection. They were generally receiving less care than children in the aid to families with dependent children (AFDC) caseload, according to random samples made by the family service workers using the same schedules and instructions for evaluation.

The parents

The general incompetence of both parents, whether or not they injured their children, was noticeable to a marked degree, the child welfare workers found. They were beset by anxiety, hostility, and depression. They received little constructive support from relatives. They did not immediately trust offers of help and understanding from the child welfare workers, and they expected to be rejected. Their responses to events were inappropriate, impulsive, and excessive. They sometimes reversed roles with their children and sought the love, gratification, and fulfillment in their children they had not known in childhood. Very few enjoyed sound mental health or adequate social adjustment. Those who had inflicted injury were also those who most frequently exhibited anxiety, hostility, or depression. The others were more nearly adequate in mental health, but more than half of them were anxious, hostile, depressed, or lacked self-confidence, and more than a third appeared to be irresponsible or unreliable. A fourth of the fathers, but only a few of the mothers, drank to excess. The mothers more often than the fathers had appropriate social involvement.

The poor economic conditions of the parents matched the gloomy personal picture. Mobility in many families was limited, particularly in those without fathers. But even in two-parent families, only half had automobiles. Most of the families lived in the city's slums. Facilities and furnishings were inadequate for about half. Insufficient income or the misuse of what they had left most of the families in need; only about a third were managing on their income. About a third were receiving public assistance through the program of aid to families with dependent children.

Only about a half of the fathers were working at capacity, and only about a third had full-time employment. About 50 percent did skilled or semi-skilled work; about 30 percent, unskilled work; a few, professional or managerial work; and a few needed protected job placement.

Nearly two-thirds of the parents had not completed high school, though a few had a year or more of college. Some of the mothers could not read, write, or speak English; all of the fathers, however, could. The fathers who had not inflicted injury had the most

education; the mothers in homes without fathers, the least.

The majority of the parents—over 70 percent—were going through severe marital conflict, particularly if the father had inflicted the injury.

The reports of the child welfare workers support the contention that parents who injure their children suffered from deprivation and defective parental care in childhood. Based on fragmentary information, almost a third of the parents in this group had been raised outside their own homes.

Poor housekeeping was usual in these families. They usually lived in rented, dilapidated houses, and they changed residences frequently. The patterns of their lives went back to their own parents. Both sets of the children's grandparents lacked education. Frequently, the grandfathers were unskilled laborers, and the grandmothers worked. Some of the grandfathers had drunk to excess, and many had tended to be harsh and strict as parents. Some of the grandmothers had been overprotective. Most were described as immature, impulsive, or self centered.

Family relationships

Interaction in these families was nonverbal except for lashing out in bickering, nagging, or berating. The parents often saw the child more as a burden and a source of irritation than as a source of satisfaction. They saw the child as a person who should love them, not as a person needing help and guidance.

In the opinion of the child welfare workers, the parents who had injured their children were rigid and domineering. The fathers were moralistic about parental authority and discipline and about child care. Both parents tended to expect behavior inappropriate to the child's age and ability. They seldom talked to their children except to lecture, criticize, tease, nag, or ridicule. They expressed the limits of their expectations by spur-of-the-moment outbursts of rage or despair. They often interpreted their children's behavior as "willful naughtiness," and were resentful and unforgiving. They frequently used corporal punishment, but more as an expression of agitation than as purposeful discipline. Many told the child welfare workers that the injury occurred when they tried to discipline the child, and many indicated that the child had antagonized or provoked them and did not love them.

Often, the parent who had injured his child saw himself as the only person in the family with a right to punish. The parent who had not inflicted injury was passive and ineffective in protecting the child from the injuring parent. The father who did not injure his child left all parental duties to the mother and tended to excuse or ignore his children's behavior. The mother who had not injured her child, however, tried to protect them. She was more flexible and reasonable in her expectations than her husband and tended to use rules for protecting and guiding her children. She blamed herself for her children's wrong-doing, and she relied less than the father on corporal punishment as discipline. Although she felt overwhelmed by family problems, she was congenial with her children at times. She tried to reassure, support, and explain matters to them.

The service

The child welfare worker's approach was to offer to help relieve stress and to recognize the parents as persons under overwhelming pressure who, because they had not experienced adequate parental care as children, were unable to love their own children. Through a stable and understanding relationship with the worker, many parents were able to reveal their fear of and dislike for parenthood and their anger toward their children. Some were able to ask to be permanently relieved of child care, not because they were unconcerned about their children, but because they recognized their inability to care for them.

Although the child welfare workers usually saw these families weekly or every other week, they were available daily for emergencies. The average length of time between the opening and the closing of a case was 27 months. Only nine cases were closed in 6 months.

By and large, the parents were evasive and resistant and found it difficult to accept help, perhaps because they were unaccustomed to being listened to and to discussing plans, attitudes, and relationships. Although the resistance to and the dependence on the workers had lessened by the end of the study period, the child welfare workers felt that fully constructive working relationships and full use of departmental services had been achieved with about a third of the parents. The mothers were more responsive than the fathers; the injuring father was the least responsive of all. Though significant improvement in ability to function and in ability to care for children occurred in many families, most were still at a low level of adequacy at the time the service was discontinued or at the end of the study.

Improvements, however, did take place. At the end

of the study, the child welfare workers reported that the mental health of a fifth of the injuring parents and that of a fourth of the other parents had apparently improved. But they also reported that about a third of the injuring parents and about a half of the others had adequate mental health. Home care had improved in 18 families; 62 percent of the families were functioning adequately in that respect. But the parents showed little improvement in educational attainment, occupational competency, stability at work, adequacy of housing, or marital adjustment. About 30 percent of the marriages ended in separation or divorce during the study period. The parents separated most often when the father had been the one who inflicted the injury. When the mother had been the parent inflicting the injury, the tendency was for the child to be removed from the home.

Child care had improved in 33 families by the end of the study. About 67 percent of the children were receiving adequate care, including children living with relatives, in foster homes, in group homes, and in adoptive homes, as well as those living with their parents.

The workers felt that about 80 percent of the children were no longer in danger of subsequent injury. However, they considered that 19 children, all living with the parents who had inflicted the injuries represented in the study, were inadequately protected.

The outlook

Programs developing today that are providing opportunities to low-income families for health care, job training, education, and good housing and job opportunities to young people may lessen the stress on parents, the child welfare workers believe. Certainly, the child welfare workers now have much more opportunity to demonstrate concretely to such parents their concern for them as individual persons as well as for their children when they can make a variety of services available when they are needed and wanted.

The incidence of child abuse in Denver may not be great when measured against the city's child population. Of the children studied, 33 were injured within a 12-month period (from July 1963 to June 1964), although the city had 135,000 children under 14 years of age at that time. However, the study shows that some injured children are in jeopardy of further injury unless effective treatment and services are provided by the community.

The following questions are some of those the division considers in determining whether a child can remain in or return to his home:

Has family stress been reduced to a tolerable extent?

Is the injuring parent aware of his behavior to the point that he can recognize potentially dangerous situations?

Is the other parent in the home sufficiently aware of what makes for dangerous situations? Can he or she care for the children in a time of stress for the other parent?

Are there other adults—friends or relatives—who can care for the children much of the day or who can be called on to help when a parent or parents are overwhelmed?

Has the child's "provocative" behavior been modified? Is he being helped to meet his physical and developmental problems?

Has the relationship between parents and child welfare worker developed to the point of trust and confidence? Can the parents use the relationship as a brake on their impulsive behavior?

The child welfare workers in reviewing the study have two basic recommendations to make concerning help for parents who deliberately injure their children.

First, the community must sanction a coordinated protective service program that can provide immediate foster care, counseling, and other child welfare services, medical care, and psychiatric care, and can bring the authority of the court into play as needed to help the injured child and his family. Second, the child welfare worker must reach out to these parents quickly and effectively to help relieve the major stress, which may have been created by such conditions as chronic or acute physical or mental illness or the child's "provoking" behavior, regardless of the etiology. He and the community must find ways to help families acquire adequate housing, education, income, knowledge of money management, and work skill and sufficient mobility so that they may have more choice about the way in which they live.

the GROUP PROCESS in ADOPTIVE HOMEFINDING

LOUISE B. DILLOW

Until about 10 years ago, most adoption agencies limited the use of the group method to orientation meetings for prospective adoptive couples. In the last 10 years, however, many agencies have reported with enthusiasm on the use of group meetings for couples during the post-placement period and after legal adoption is complete and for adoptive parents applying for a second or third child. Still another use of the group method in adoption is with prospective adoptive couples during the home study. The two adoption agencies with which I have worked in the last several years—one in Washington, D.C., and one in nearby Montgomery County, Md.—are both using the group method as part of the home study and have found it generally more effective in helping couples prepare for adoption than the individual home study alone.

The first of these is the Lutheran Social Services of the National Capital Area, whose adoption department serves Protestant unmarried parents and their children and adoptive parents in the Washington, D.C., area. Having abandoned group orientation meetings for prospective adoptive parents in 1962, the agency decided in 1966 to try groupwork as part of the home study.

To conduct the first series of preplacement group meetings, the agency invited four couples who had just applied for children to take part. The couples were all middle class, had no natural or adopted children, and had been married from 4 to 7 years. No member had been married before. They were young—30 was the highest age. Four (two husbands and their wives) had college degrees; the other four had graduated from high school. Two of the men were junior military officers; another owned his own business; the other had a responsible position with the Federal Government. Only one wife worked, but not at a career. None had marital or personal problems identifiable during a detailed intake interview conducted by telephone.

In drawing up the contracts with the couples, the agency explained to them that the method of making the adoption home study was experimental and that they might withdraw at any time for an individual home study or the agency might ask them to withdraw if it found that an individual study would serve them better. The couples agreed that no iden-

This article is presented as a companion piece to one in the November–December 1967 issue of CHILDREN, "Helping Adopting Couples Come to Grips With Their New Parental Roles," by Edith M. Chappelear and Joyce E. Fried, which described an agency's experience in holding group discussions with couples who had already had children placed in their homes. In the experiments described here, the group method is brought to bear in an earlier phase of the adoption process, with some similarities and some differences in application and effect.

tifying information would be discussed outside the group. They seemed less concerned about "confidentiality" than the agency's caseworkers. Their attitude seemed to be that they were not going to say anything at the meetings that was personal or incriminating.

To evaluate the groupwork method in adoption home studies, the casework supervisor sat in as an observer and served as the recorder during the first series of meetings. The groupworker was to follow through with the couples as their caseworker. The whole home study was to consist of four weekly group meetings, interviews with persons given as references, and a home visit by the caseworker to each couple.

The agency had each person write an autobiography and complete a medical history and each couple complete an application form and figure out the fee they would pay the agency from the agency's scale.

Discussion not interpretation

In the first meeting, the couples showed their anxiety over coming to an agency for an adopted child in the emphasis they placed on "matching" and on thoroughly exploring the child's background, particularly the health of his family. Taking courage from each other, they were able to express their concern. The groupworker, by accepting the validity of their concern, was able to use the group to help individual members become accepting of and flexible toward children needing adoptive homes. For example, as group members discussed their fear of taking a child with a hereditary disease in his family history, the groupworker asked if any person in the group had relatives as far removed as a grandparent with a hereditary disease or health condition. All nodded. The groupworker then asked them whether hereditary medical problems in their own families would have kept them from having children. "Of course not," most answered spontaneously. As the discussion went on, nearly every member was soon able to put the question of the child's medical background in perspective. Thus a "loaded" but seemingly innocent question brought forth discussion worth more than a long and careful interpretation of medical risks.

At one meeting, several members asked whether the agency made an independent investigation of the child's background because the mother might not be telling the truth. Some thought the agency should verify information on school grades, college degrees, and the IQ's of the parents. Once a member had asked about an investigation, others echoed his doubts about the mother's honesty. The groupworker had to deal with this matter until it was dissipated.

To do this, she first encouraged a discussion of the practical problems involved in an "investigation." She wondered, she said, how the adoption agency could get the school to divulge the grades of a former student. After the group discussed practical aspects, the groupworker helped them see that in most cases the mother was interested in the welfare of her child and eager to provide background information. The adoptive couples were usually surprised to hear that the biological parents were just as concerned about the adoptive parents as they were about the biological parents.

Sympathy and understanding

By the end of the second session, some of the couples had begun to sympathize with and to understand parents who give up their children. Mr. B said that the mother gives up her child "out of love." His wife thought a mother might give up her child "so she could return to school." Another thought the mother might not have the money to care for her child. Mr. W said he imagined it was because the mother could not handle the social stigma that out-of-wedlock pregnancy might bring to her and her child.

At the third meeting, the groupworker introduced the subject of infertility by a tactful question: "Have any of you been asked why you don't have children?" The response was immediate and laden with emotion. The men took the lead in the discussion.

Mr. B said, "I'm just as good a man as the next." Mr. T said that as a college student he had maintained that his idea of a cruel god was one who would not permit him to have children. Mr. B said that before coming to the group he had thought that he and his wife were the only couple who had to face the problem of infertility, although they knew several couples with adopted children.

Each woman said that she had a good friend with whom she could discuss her feelings about not being able to have children. The men had discussed the subject with their wives and physicians only.

By the last meeting, the group could understand a child's curiosity about his biological parents and his need to satisfy that curiosity without feeling threatened. The couples moved from a safe answer—"if a child is secure and loved, he will not wonder about his biological parents"—to an awareness that all children are curious and concerned about where they

came from. Mr. T said emphatically that if he were an adopted child he would certainly find out all he could about his biological parents.

Changes in procedure

The effectiveness of the group method with the first group exceeded the agency's expectations. By the end of the series, each couple had made progress in working through some of the problems of becoming adoptive parents and had extended the range of their acceptance of a specific child. Mr. T seemed to express the changed attitude of the group when he said in the third session that he was "chagrined and ashamed" that he had been asking for a child "better" than one he might have begotten. This success implied to the agency that the group method is a good way to serve couples wanting to adopt children, and it felt a "missionary zeal" to continue using this method of conducting adoptive home studies. In 1966, the same groupworker conducted three more groups. Since then other groupworkers have conducted three other groups for Lutheran Social Services.

Successful though the first series of meetings seemed to be, need for changes in procedure was evident. The most apparent was to have a caseworker other than the groupworker do the casework after the meetings. When the groupworker became the caseworker and visited the four couples in their homes, she became aware that a relationship had not been established between herself and the couples. Even though they had participated easily in the group discussions, the couples were shy and awkward with the groupworker turned caseworker, and she found herself shy and awkward with them. The couples had identified with the agency and the group, but not with her. They spoke only of how much they had learned "from the group" and what "the group meant" to them. The worker was shocked to learn that, having performed a helping role—which was to elicit pertinent questions, encourage honest answers, engage in role playing, and foster group interaction to draw out individual members—the couples saw the help as coming only from the group. (However, the phenomenon of couples not forming a relationship with the groupworker appeared in all the groups.)

A hint of this lack of a relationship between the group members and the groupworker was given in the meetings themselves. In the third meeting, for instance, several couples expressed concern about when the adoption study would begin. They seemed to feel that, although the sessions were giving them an opportunity to learn much about and come to terms with adoption, the groupworker was not getting to know them as people. Actually, the contrary was true. The groupworker, using the group as a backdrop against which to study each person, had come to know them much better than she would have from several individual interviews.

The first groupworker was selected because she met the agency's criteria for the position: she was experienced in adoption casework, was aware of group dynamics, and had the courage and stamina to risk herself in a group. Recognizing that the groupworker and the couples could not establish a lasting relationship, the agency changed procedure. In all groups after the first, one staff member served as the groupworker and another as the caseworker and recorder. The caseworker made all arrangements, handled administrative details, and arranged for individual interviews between meetings as needed. She obtained the autobiographies, interviewed persons given as references, and made the home visits. She became part of the group, and members formed a relationship with her and the agency.

Another surprise to the agency was the absence of competition in the group. There was, instead, a feeling of "pulling for each other." When Mr. and Mrs. M were faced with a transfer to another city before their home study could be completed, other group members whose studies were scheduled before the M's asked that the M's be put ahead of them. But at other times "pulling for each other" caused difficulties—particularly if the group supported a member for the "wrong" reasons.

The opposite extreme

The content of the discussion in the other three group sessions at Lutheran Social Services led by the same worker was often similar to that of the first. Couples were concerned about matching and background and what to tell the children concerning their own parents. But some members of these groups, instead of wanting to know everything they could about the children they might adopt, wanted to know nothing, either because they wanted to deny that the child had a background or feared the background would be unsavory. Mrs. J said: "If we don't know anything, we will not have to lie to the child about his own family."

At one meeting, Mr. M brought up the subject of the health of the child's family. He said adamantly

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that he wanted to have the complete health history of the child's family through the grandparents. When he was unable to accept the worker's objection that the mother might not have such information, she asked him if he knew what his own grandparents had died of. He stuttered, shifted in his chair, and finally said that he did not know the "exact circumstances" but did know they were not "very serious." The other members of the group got the point immediately. Mr. M, perhaps from stubbornness, held out a little longer.

In the group meetings, individual members were free to act out their hostility, and they often did. In one group, for instance, Mrs. L brought up the subject of how to tell her 8-year-old daughter Sue about the baby she and her husband hoped to adopt. Sue knew, Mrs. L said, that her mother could not have "more babies." Mr. L planned to tell Sue that the child would be born in the hospital though not to her. But she was at a loss how to proceed from there.

The groupworker slipped into the role of the 8-year-old girl and asked why the baby's mother would not want to keep it, whether the mother would come to their home to see the baby, and would the daddy be "mad." Mrs. L became flustered and swiveled around in her chair and faced the wall. Mr. L, who before had been insensitive to his wife's feelings and had freely discussed the surgery that made his wife barren, quickly came to her defense. It was all right, he said, for the groupworker to talk about *illegitimacy* and *sex* (the worker had used neither term) because that was her business, but his wife was not accustomed to talking about "things like that." Other group members finally drew Mrs. L back into the discussion by convincing her that the groupworker had only been trying to help her find answers to the questions Sue might ask. They also explained to the worker why they thought Mrs. L had been so uncomfortable. From the incident, the couples learned that they must have answers ready when an adopted or natural child asks questions and how upsetting having to face the issues of adoption can be.

In the group meetings, couples had an opportunity to express their hostility toward the agency without fear of reprisal in the form of being denied a child. They often discussed the "considerable power" of the social worker.

The group discussions had many valuable side effects. The couples talked to their relatives and friends, and husbands and wives talked to each other. One shy couple who did not talk much in the group told their caseworker they often talked far into the night with each other at home about their feelings toward infertility and becoming adoptive parents. After they became able to discuss these subjects with each other, they could also discuss marital problems, something they had found difficult before.

The first four series of group home studies conducted by Lutheran Social Services yielded 12 homes for adoptive children and the expectation of second and third placements in several homes. Fourteen couples were involved, but two were rejected. One couple was rejected after the fourth group session because of severe personal problems discovered during individual contacts and in interviews with persons given as references. The other couple was rejected after the unsoundness of their motivation to adopt came out during the first group meeting. The rejection was handled, as is usual, in an office interview. The group leader told the group at the beginning of the next session that Mr. and Mrs. X would not continue their home study at this time. After a short, awkward silence, Mrs. W said she hoped that she had not said anything to provoke Mrs. X. The groupworker assured the group that no one was responsible for the decision and proceeded to the topic for the evening. This incident did not seem to affect the group adversely. No one ever mentioned the X's again.

No couples withdrew from the group. The agency found that the group home studies did not save its staff members any time but that they did improve the content of the complete studies significantly.

Grouping policies

The second agency, the Montgomery County (Md.) Department of Public Welfare, conducted eight groups involving 34 couples between September 1967 and March 1968. Eleven couples have had home study completed and had children placed. One couple withdrew in favor of a private agency; an-

other, because the wife became pregnant. By mutual consent, one couple withdrew from the group and had an individual study. Twenty other couples are in some stage of the study process.

The agency is still trying out new procedures, ways of grouping couples, and methods of recording. Like Lutheran Social Services, it accepts couples for group meetings only if they are ready to proceed with the home study and have no obvious problems that would keep the agency from accepting them as adoptive parents. Neither agency holds similarity in education or social class as necessary or desirable for grouping. The common element in all groups is the desire to adopt a child. Differences have tended to encourage, not stifle, discussion. In one of the best groups conducted by the county agency, one member had a Ph. D., another was a high school dropout. In another, made up of college graduates only, the discussion was intellectualized and the groupworker was able to elicit little emotional discussion.

As the county agency has a waiting list for adoptive applicants, it has added a third criterion for grouping parents—whether or not they have natural or adopted children. Couples with no children do not receive the same kind or amount of support from couples who have children as from those who do not. In one group in which only one couple did not have a natural child, the childless husband denied that he had ever been asked why he did not have children, although he had been married for 10 years.

Recording problems

Recording at the Montgomery County Department of Public Welfare as well as at the Lutheran Social Services has always been a problem. In all groups, a social worker has served as the recorder. The agency considered using a tape recorder, but ruled against its use as laborious to listen to and time-consuming to transcribe and read. At first, after each meeting, the caseworker summarized what each couple had said and how they had acted, but this method proved repetitive as the recorder often had to repeat what another couple had said to explain a specific response. The most effective method so far has been a modified process-recording with carbon copies underlined according to each couple's participation and filed in case records. The agency has also had the groupworker make a report the day after the meeting and has compared her notes with those of the recording caseworker. The two kinds of reports have not differed significantly.

Experienced adoption caseworkers will recognize that the content in the process just described is essentially the same as that covered in any adoption home study—the couple's feeling concerning their infertility, their attitude toward and feeling of competition with biological parents, sympathy with the child's feelings about his adoption, and their expectation concerning a specific child. Both the Lutheran Social Services and the Montgomery County Department of Public Welfare think this material can be handled more effectively in a group than in individual studies. In addition to learning from the group, couples have shown less anxiety in attending groups than in having individual studies. Members of one group expressed preference for having at least two social workers, groupworkers, and caseworkers involved in the decision of their case. The group method freed the couples to explore and to share with each other their anxiety about becoming adoptive parents. Some of the couples who participated in the home studies conducted by the county agency have asked if they can be brought together as groups again after they receive children to discuss experience and problems.

It is a well-known paradox in our transitional society that extramarital sexual relationships are viewed with more tolerance than extramarital children, that the unmarried mother who surrenders her baby for adoption is considered less of a social problem than the one who keeps her child, that subsequent out-of-wedlock pregnancies are viewed more harshly than the first, and that as more unmarried mothers and their children are on the relief rolls government at various levels seeks to correct the problem by punitive means. That helpless children are severely victimized is generally overlooked.

Gertrude Leyendecker, senior associate, Community Service Society of New York, to the 1968 forum of the National Conference on Social Welfare.

some observations made abroad on . . .

PROGRAMS for DELINQUENT BOYS in THREE EAST EUROPEAN COUNTRIES

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As a result of New York State's enlightened policy of granting sabbatical leave not only to teachers but also to the superintendents of its State training schools for juvenile delinquents, we spent the last half of 1967 in Europe visiting social agencies and institutions for children and interviewing government officials responsible for dealing with the problem of juvenile delinquency. We were interested in the philosophy, goals, and ideals of the persons in charge of programs dealing with delinquent boys. We made no attempt to evaluate their programs or to compare results. Our aim was to observe programs and to bring back new ideas.

Although we observed programs in eight European countries, we will in this article concentrate on what we found in three "Iron Curtain countries"—Czechoslovakia, Hungary, and Yugoslavia. We spent 2 weeks in each of them. We realized, of course, that 2 weeks is too short a time to get to know any country and that it is naive to think that delinquency can be studied as an isolated social phenomenon without reference to the culture of the people and the history of the country. We also realized that it is impossible to amputate part of a program from one country and graft it onto a program in another. Nevertheless, we found many ideas that might be adapted to the needs and philosophy of treatment here.

Without exception, we were received enthusiastically and hospitably. While nearly exhaustive schedules were planned for us, we were free to add to the institutions on the schedules as we learned about others not included. Everywhere we found professional honesty. We were told what the ideal was, what the reality is, and what was being done to bridge the gap between them.

Effects of culture

The culture of a society is reflected in the nature of delinquency in that society. It also determines the general attitude toward the delinquent child and the kind of care and treatment he receives. For example, in all three of these countries, a child's truancy, incorrigibility, or running away is viewed as the "parents' crime" and not the child's. Such behavior is regarded as evidence that the child's parents are unable to control or train him. Therefore, the state takes over the task of training and charges the parents for doing so. The parents are punished and the child educated.

In these countries, stealing accounts for the bulk of juvenile offenses. Cases of homicide committed by juveniles (persons under 16) are rare. In fact, we were told that violence of any kind is not a major problem, although stealing is sometimes accompanied by assault. However, we learned that definition as well as culture can make a difference, for we were also told that many boys are apprehended because "they get drunk and beat someone up." Since beating up someone is regarded as a natural consequence of drinking, drunkenness and not assault is considered the offense.

All three countries have set a minimum age at which a child can be considered delinquent but have allowed for great flexibility as to the maximum age. A person of 25 might still be held in an institution for juveniles if he seems to be benefiting from the institutional experience or is regarded as not sufficiently developed psychologically to be released. However, the young person who has committed a delinquent act is assumed to be normal; he is not thought of as "sick" or emotionally disturbed, nor is he regarded as bad. His delinquency is regarded as being the result of faulty training. Therefore, the approach to dealing with delinquency is neither medical nor punitive.

Socialization

These countries see the remedy as "socialization"—preparing the child to live in his society, to get along with himself and others, to get along on his job, and to contribute to society. In these countries, programs for delinquents are the responsibility of the Ministry of Education, and they stress rehabilitation through education. Psychotherapy and milieu therapy are among the tools for achieving the goal, but equal importance is given to developing skills for work and for leisure-time activity.

Offenders under 14 or 15 years old in these countries are not generally classified as delinquents. If they need residential care, they are usually placed in institutions for "neglected, dependent, or orphan children" where they

continue their elementary education.

In one respect, delinquent children in these countries are like ours—they are usually not "academically oriented" and they have had negative experience at school. Therefore, for delinquents who have completed the seven grades of elementary school or who are past the age for compulsory education—14 or 15, depending on the country—the focus of the program is vocational training. A boy is not considered ready to leave the institution to which he has been committed until he has acquired a marketable skill and is prepared to take his place in the labor force. If he is in an "open" institution, he learns the basic tools of a trade in one of the institution's shops. When he has, he is assigned as an apprentice to a factory in the town. He must get there and back on his own. And he must get there on time. He must not only acquire the skill required by the job but must also learn how to get along on the job.

If the delinquent is in a closed institution, the institution shop becomes the factory to which he is apprenticed and where he works on jobs parceled out by community factories.

The institutions allow for little "free time" as we know it. When the young person returns from his job, he spends his time in scheduled activities designed to provide for "self-fulfillment" through creativity—especially through arts and crafts, music, athletics, and flower gardening.

Parent involvement

The first attempt at rehabilitation, however, is in the community. Every attempt is made to keep the child with behavior problems at home and his parents actively involved in his training.

We visited one of the many social welfare centers in Yugoslavia to which parents can go for help or to which teachers can refer children. Each center serves 32 children up to age 18 with a staff consisting of a social worker, two psychologists, a "pedagogue" who works only with children under 15, and a consulting psychiatrist. The child lives at home, attends his community's school, and comes to the center twice a week. He is seen individually and in a group with six others. The parents also come to the center. The staff tries to strengthen communication between parents and child and to help each parent understand his role and assume his responsibilities.

In Yugoslavia, the court can "commit" a delinquent child and his parents to a program of rehabilitation and therapy. If the child requires institutional care, his parents are asked to accompany him to the reception center and participate in his first conference with the social worker. In this conference, the social worker describes the institutional program and its expectations for both the parents and the child. One institution for older, seriously delinquent boys conducts a monthly meeting for parents. After the boys have put on a program for their parents, the parents participate in a group discussion led by the director and attended by the child-care workers.

Placement

In all these countries, the decision to separate a child from his family can only be made by the court. This is, however, the only decision the court makes. Once the decision for institutional care is made, the boy is admitted to the reception center for diagnosis and classification. The courts never commit a child to a particular institution. Institutional assignment is made at the reception center and is based on an intensive assessment of the child's educational level, vocational aptitude and interest, and level of social development.

The evaluation is made by an experienced staff team consisting of a social worker, psychologist, pedagogue, teacher, master craftsman, and, if needed, psychiatrist. The team holds frequent conferences and studies reports on the boy's educational achievement and needs, social history, family life, interpersonal relations, personal habits, and attitude toward work. Although psychologists in these countries are familiar with the psychological and intelligence tests developed in the United States and have adapted and standardized them for their own people, they rely more on the observations of experienced and trained staff members than on tests. In Czechoslovakia, for example, we were told, "We use the IQ when it is high; we don't pay too much attention to it when it is low."

The diagnostic program includes an elaborate vocational exploratory experience, during which time the boy spends several weeks "trying out" the different shops. These are fully equipped with up-to-date machinery and staffed with master craftsmen who are also trained pedagogues. Thus the boy has an opportunity to discover his interest, and the staff, an opportunity to assess his ability and aptitude.

The careful screening makes it possible to place the boy in the institution best suited to his needs.

The pedagogue

In these countries, child care, particularly residential child care, is accepted as a discipline requiring the skill of a specialist. Throughout Europe, this specialist goes by many names—pedagogue, educator, residential child-care worker—but whatever the title, he is a person who has received specialized training after completing secondary school. This training is offered in a special faculty in a university, a department in a school of social work, a division of the ministry of education, or in an independent school of higher education.

In any case, the child-care worker is a trained specialist accepted as an equal by others on the institutional staff. He is concerned with all aspects of child care and development, physical and psychological. His field competence includes an understanding of the physical, intellectual, and emotional growth of children. He is concerned not only with questions of health and learning, but also with problems of relationships, how the child gets along with other children and adults, and whether or not he can assume responsibility.

In Czechoslovakia, Hungary, and Yugoslavia, this child development specialist is called a pedagogue and he may work as a teacher in the elementary or secondary schools or a child-care worker in a day-care center or institution. The time required beyond secondary school to complete training to become a pedagogue varies from 2 years for a kindergarten teacher to 5 years at a university for a secondary school teacher or an institutional worker. The curriculum includes basic education courses, additional courses in psychology and child development, and courses to develop skill in leisure-time activities—singing and music, arts and crafts, puppetry and dramatics.

Training in pedagogy is required for everyone who has any responsibility

for a child's training or for making decisions that affect a child and his family—including the police, judges, members of child welfare boards, and the staffs of all institutions and schools. The director of a children's institution is always a pedagogue, and he has on his staff, besides maintenance and domestic employees, other pedagogues (child-care workers), teachers, master craftsmen (also trained in pedagogy), and psychologists.

The institution's team always includes a social worker, who is often also on the staff of a community agency. Primarily concerned with the relationships between the child and his family, he serves as the liaison between the institution and the community.

In Czechoslovakia we were told that because the child in an institution is not living in a normal situation and his problems are more difficult than the average child's, he must have well-trained, understanding adults who can devote close attention to him and his education. This need is recognized in all three countries. The institutions are able to attract experienced and skilled pedagogues by offering them higher salaries than schools and community agencies.

Continuous learning

Research and staff development are vital parts of the programs in these countries. Research is generally a built-in, continuous aspect of the program rather than a "research project" that is supported only for a set time, as is frequently the case in this country.

In Hungary, we visited an experimental school directed by the Psychological Institute. The school serves 800 children from 6 to 18 years of age in a new building equipped for observation, environmental manipulation, and staff training. The studies made provide material for periodic seminars and conferences. All child-care workers in Hungary are required to participate in these sessions as part of continuing professional training.

Child-care workers are also encouraged to participate in international conferences and associations to discuss new ideas and to grow professionally. Consequently, their up-to-date knowledge about the field of child care in various countries made us feel provincial and isolated. We have come home convinced of the need for a much greater exchange of ideas among child-care workers in this country than is now the practice.

Living arrangements

Institutions in these countries are generally small and diversified. In Hungary, for example, classes in elementary schools are large by our standards; they contain about 40 pupils each. However, the living groups in children's institutions are small (10 to 15 young people) and the ratio of staff to students is generally favorable. There are generally three adults in charge of a living unit. Therefore, the capacity of each institution is kept low; the largest holds 220 boys, the smallest 60 or less. The living units are self-contained. Each has its own dining room and recreation area and is staffed with a team of pedagogues responsible only for the boys in the unit. This kind of arrangement could easily be adapted to institutional care in this country.

Staff assignments in the Hungarian institutions are made on the basis of the living unit and not on the total capacity of the institution. Each living unit or cottage has a staff of its own consisting of the chief pedagogue and his assistants (from 1 to 3, depending upon the type of institution and the size of the group). This team is responsible for the social development of the child, for cultivating his recreational and leisure-time interests, and for the administration of the cottage program. It is also responsible for time schedules and the cottage activity program. At least one member of the team is always on duty in the cottage.

Thus the members of the cottage always work together and are all involved with the same boys. The arrangement eliminates the need for "relief" staffing, a persistent cause of staff irritation in institutions in the United States, and the kind of competition that often exists here between the "regular" staff member and his replacement. It also means that, as each child-care worker has fewer boys with whom to work, he can get to know and understand each. And it limits the number of adults with whom the boy must learn to get along. Being a consistent group, the cottage team provides the stability that is necessary for the young person's development.

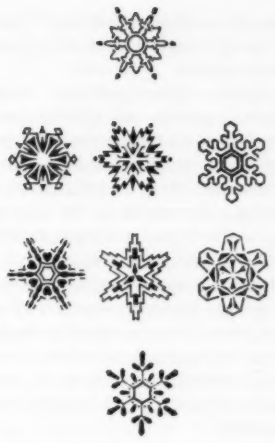
The chief pedagogue is always involved in any decision affecting the boys in his care. He sits on the overall institution committee, but he shares the responsibility with his assistants. Thus, he and his assistants have status and a feeling of involvement not generally enjoyed by child-care workers in our institutions.

In the three countries, institutional maintenance is kept separate from the training and education program. Each part of the boy's program is calculated to add to his training and improve his socialization. Therefore, neither the boys nor the cottage pedagogues are expected to spend their training on household chores or building maintenance. Food is centrally prepared for the institution by trained cooks; except for bedrooms, the institution is cleaned by charwomen; and laundry and mending are done by persons hired for these tasks. It is the child's job to learn, the pedagogue's job to teach.

WE FOUND that juvenile delinquency is universal, although who is considered delinquent and what constitutes delinquency differ with the country. We found that in every country we visited the amount of delinquency was increasing and the age of the delinquent was decreasing. We also found that, within the framework of the culture, the causes of delinquency are the same everywhere. When any child's needs are not met, he rebels. Only the form of rebellion differs.

an essay review . . .

a KALEIDOSCOPIC LOOK at DISADVANTAGED CHILDREN



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It would be an oversimplification to identify any single viewpoint or style of presentation as characteristic of the contents of this kaleidoscopic collection of articles written by Martin Deutsch and his associates at the Institute of Developmental Studies, New York University, presented in "The Disadvantaged Child: Studies of the Social Environment and the Learning Process."* In this collection, the reader gets glimpses of the disadvantaged child's multifaceted plight through the eyes of writers with different orientations who advance and depict both theoretical and practical issues from several points of view.

The unifying element here is the instrument through which the theories were generated and tested, namely the Institute. With its support and encouragement, a group of researchers, representing many disciplines, investigated a wide scope of factors affecting children growing up in disadvantaged environments. Certainly Deutsch is to be commended for assembling the researchers and for stimulating the interaction among them that produced many of the early, eloquent pleas for compensatory programs for disadvantaged children.

Most of the articles in this collection had been presented separately in published or mimeographed form between 1960 and 1966. This book has the virtue of pulling their ideas and data together. Unfortunately, since this is a collection of independent articles, each originally meant to stand alone, the case of the disadvantaged child and his characteristics are reiterated *ad nauseam*. I am not suggesting that these characteristics are unimportant or that the writing lacks clarity or cogency; rather, I am suggesting that the characteristics of such children are well known to the persons who would read this book and need not be repeatedly described. In addition, the accomplishments of the Institute are stated and restated almost to the point of losing their impact. By the time I had finished reading the 20 chapters by 10 authors in nearly 400 pages, I was convinced that it all could have been said in half the space. (One concession to brevity is made, however: the tables are printed only once and the chapters dependent on them are cross-referenced.)

Most of the inferences presented here are evidently drawn from data gathered on a core sample of about 300 first- and fifth-grade Negro and white children from deprived and affluent homes who were attending 12 elementary schools in three boroughs of New York City. The data were analyzed in nearly every conceivable way. However, sophisticated analysis in itself does not make research findings credible. Although I assume that the data presented here are accurate, I am aware that several other researchers have had difficulty replicating the studies and obtaining the same clear-cut results on other samples. Perhaps some subtle prophecy-fulfilling phenomena were operating in the sampling, data collecting, analyzing, and interpreting at the Institute. I am not challenging the integrity of the researchers, but I am suggesting the possibility of contamination by experimenter's bias, and I am urging that replicative studies be made.

Race or deprivation?

The results not only yielded findings interesting to persons in many fields, they also provoked the researchers to develop descriptive terms such as the Deprivation Index that should be useful to other researchers.

The Deprivation Index is a quantitative expression for six variables, including housing, the occupational and educational aspirations of the child's parents, the number of children under 18 in the home, the topics of dinner table conversation, the number of cultural activities the child anticipated for the coming weekend, and the child's kindergarten attendance record. The findings revealed that environmental deprivation is far more responsible than race for low intellectual performance. The studies also revealed that some minority races are subjected to greater deprivation in the societal pecking order than other identifiable groups of people, even

*Deutsch, Martin, and associates: The Disadvantaged Child: Studies of the Social Environment and the Learning Process. Basic Books, New York, N.Y. 1967. 400 pp. $10.

though environmental deprivation tends to be more highly related to social class than to race.

Another descriptor, the Orientation Scale, assesses the child's general information and conceptual understanding on a scale related to vocabulary and verbal IQ. The findings of a study relating the results on the scale to reading achievement indicate that reading is an acquired skill not necessarily related to basic intelligence, provided minimum intellectual ability is present. It appears from the findings that certain kinds of cognitive and verbal experience in the environment are more important than inherent ability in acquiring reading skill.

Such notions as the one embodied in the descriptor called Cumulative Deficit—that disadvantaged children fall further and further behind other children as they grow older—were formulated after analyzing and interpreting numerous findings.

Other significant findings reported include this: children with formal preschool education had significantly higher IQ's than matched first-grade and fifth-grade children who had not had formal preschool education. Of particular importance here, it seems to me, is the finding that the difference in test performance was greater between the fifth-grade children than between the first-grade children—a finding that issues a caution to those who would prematurely write off the effects of preschool experience. Deprivation seems to have a more deleterious effect at later stages of development than at earlier. By corollary, I would argue that, since preschool compensatory experience probably does not manifest its full efficacy until later than the first grade, we need more long-range programs and longitudinal research.

The cohesiveness of the family as determined by the presence of a father in the home was positively related to IQ in all cases reported. The significantly larger number of fatherless Negro homes was directly related to lack of motivation and lower levels of aspiration, especially in the fifth-grade boys. Low intellectual functioning, general deprivation and its consequent low socioeconomic status, language deficits, and family instability were highly related to a negative self-concept. The question of which precedes which seems moot to me; a simultaneous, mutual interaction among them seems to be the most logical explanation.

Contrary to stereotypes and to what previous research on self-concept seems to indicate, the Negro parents involved in these studies had significantly higher (and unfortunately even more unrealistic) occupational and educational aspirations for their children than the comparison group of white parents. Evidently, overwhelming cultural deprivation prevents fulfillment of virtually all such prophecies by Negro parents for their children.

Deutsch introduces the first part of the book, which deals with the social environment of learning, this way:

Examination of the literature yields no explanation or justification for any child with an intact brain, and who is not severely disturbed, not to learn all the basic scholastic skills. The failure of such children to learn is the failure of the schools to develop curricula consistent with the environmental experiences of the children and their subsequent initial abilities and disabilities. **. . . a compensatory program for children, starting at three or four years of age, might provide the maximum opportunity for prevention of future disabilities and for remediation of current skill deficiencies. In addition, such a program might serve to minimize the effect of the discontinuity between the home and school environments, thereby enhancing the child's functional adjustment to school requirements.**

The five chapters of part two present information regarding the Institute's research on the etiology and remediation or prevention of learning disabilities. The foregoing quotation implies that disadvantaged children may not have a disproportionate amount of brain dysfunction and severe emotional disturbance to account for their poor school performance. Such implications warrant further research. Nevertheless, Deutsch's recommendation for programs to prevent learning disabilities when the disabilities are incipient and most amenable to prevention or remediation seems irrefutable. The studies reported dealing with visual and auditory discrimination, receptive and expressive language, verbal mediation, concept formation, attentional behavior, and other kinds of school readiness skill are well designed, reliably executed, carefully reported, and rigorously interpreted.

Part two should especially please the statistically inclined reader, for it is replete with tables of data. However, some of the studies might have been better analyzed using nonparametric statistics, since it is questionable that all of the assumptions of parametric statistics, especially normal distributions, were met in several instances. Nonetheless, this part supports with hard data the importance of early cognitive stimulation to insure the maximum actualization of both disadvantaged and advantaged children.

Realistic appraisal

Rather than being a pessimistic commentary on the problems of disadvantaged children, this book represents a realistic sociopsychological appraisal of the issues and poses some solutions. Instead of the usual paralysis of analysis that exposes the reader to the grim details of an insurmountable problem, Deutsch and his associates offer recommendations that promise to ameliorate the situation. They present an eloquent case for the modification of the educational system to more nearly meet the needs of society. Whereas Counts entitled a book "Dare the School Build a New Social Order?"[1] Deutsch's penetrating account of disadvantaged children could be legitimately entitled "Dare the School Change to Meet Society's Needs?" He says, for instance:

. . . There will always be some lag, some segment where the child has not caught up, as long as we have a society that allows discriminatory conditions and, most important, is not actively engaged in giving behavioral reality to its explicit democratic value system. That means an active, intense, frontal struggle for meaningful integration. Further, if the schools are to be successful in their efforts, the first demand must be for the support and enrichment of the school system itself by the community.

Ethnic minorities, whether they be Negro, Spanish-American, Indian, or Jewish, have been promised, and in some cases have found, salvation in education. But faith in the religion of democracy in education demands that all citizens be allowed to worship at the same altar, that educators and behavioral scientists become the high priests in ecumenically establishing and presiding over an integrated and

heterogeneous school cult (culture), and that intellectual ghettos be declared anathema.

Part three offers several practical suggestions for ameliorating some of the current difficulties. These include more nearly relevant teacher training for dealing with disadvantaged children, more male teachers to help young children with masculine identification, intensive preschool experience that emphasizes language and other cognitive learning, and ungraded early school sequences. Undoubtedly, such recommendations contributed to the initiation of Project Headstart and to its logical downward extension in the form of "parent and child centers" and its upward extension in the form of Follow Through programs. I find it encouraging to note that the happy coincidence of germinal thinking and applied research, plus an aroused sense of responsibility, in people in society's mainstream prompted the kind of fundamental rethinking of the school's role epitomized in this book.

But I found it discouraging to realize that the road to accomplishing such objectives is beset with pitfalls. As Deutsch says:

Programs to reverse the effects of deprivation cannot be put together in a day, and people can't be trained in a month to carry them through. This hasty preparation has been a consistent weakness of many programs. . . . The children . . . deserve teachers and administrators who have been extensively trained. . . . Also, programs to raise the horizons of children must not be . . . dominated by public relations needs, or by an urgent requirement to get results. It is necessary for programs to be rigorously evaluated, carefully researched, to be conducted on an interdisciplinary basis . . . and it must be recognized that it is better to get results a year later and for those results to have depth and a temporal stability, than for ephemeral changes to be registered quickly.

An unanswered plea

Ironically, the answer to Deutsch's plea for long-range programs is not exemplified in this book. The data presented, though comprehensive, were largely cross-sectional rather than longitudinal and were evidently gathered in a relatively short time. As an enthusiastic visitor to several of the Institute's preschool programs, as a person who eagerly read the first exciting reports of those programs, and as one of the implementors of similar ideas in another setting, I am disappointed not to find a research report on the later school performance of the children who participated in the Institute's programs. If such results indicate progress in children attending the New York City schools—a system with monstrous problems—they certainly would augur well for similar efforts to be made in less troubled school systems. If the efforts have failed, the community of scholars, educators in particular, and society at large deserve to know how and why.

My impression is that the Institute, after having served as a powerful catalyst to healthy social reaction, has run its innovative course and is now being threatened by institutional rigor mortis. I hope that rejuvenation will take place and that there is still enough raw material at the Institute to maintain the critical mass required to explode more myths and to fuse more dynamic efforts in behalf of disadvantaged children.

In spite of the weaknesses I have noted, this book is one of the best collections available on theory and research regarding the disadvantaged child. Its organization and contents commend it to all active workers in the field as a handy reference as well as an exemplary combination of interdisciplinary insight. Deutsch and his associates may well have set another precedent.

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[1] Counts, G.: Dare the school build a new social order? John Day & Co., New York. 1963.

guides and reports

CHILDREN OF POVERTY—CHILDREN OF AFFLUENCE. Child Study Association of America, 9 East 89th Street, New York, N.Y. 10028. 1967. 65 pp. $2.45.

Carries the proceedings of the 1967 annual conference of the Association.

DIFFERENCES THAT MAKE THE DIFFERENCE: papers presented at a seminar on the implications of cultural differences for corrections, convened in Washington, D.C., January 30–31, 1967. Edited by Roma K. McNickle. Joint Commission on Correctional Manpower and Training, 1522 K Street NW., Washington, D.C. 20005. August 1967. Single copies available from the Commission.

Includes eight papers that discuss social and cultural differences among minority groups in the United States and their implications for correctional programing and for the education, training, recruitment, and use of correctional workers.

IN THE INTEREST OF CHILDREN: a century of progress. Children's Division, The American Humane Association, P.O. Box 1266, Denver, Colo. 80201. 1968. 28 pp. 35 cents.

Reviews the problems and progress made in developing protective services for abused, neglected, and exploited children in the United States and England during the past 100 years and examines prospects in the field.

NEIGHBORHOOD GANGS: a casebook for youth workers. National Federation of Settlements and Neighborhood Centers, 232 Madison Avenue, New York, N.Y. 10016. 1967. 55 pp. $2.50.

Depicts the kinds of problems faced by street workers in their work with neighborhood gangs through incidents described by the workers themselves. Includes questions and comments for use in training workers.

BOOK NOTES

THE SOCIAL ORGANIZATION OF JUVENILE JUSTICE. Aaron V. Cicourel. John Wiley & Sons, New York. 1968. 345 pp. $8.95.

Based on research conducted at the Center of Law and Society, University of California, Berkeley, this book describes practices of police departments, probation officers, and the juvenile courts and purports to show that these agencies actually generate delinquency by the routine practices they use to handle juveniles. Its eight chapters discuss the theoretical issues and methods in studies of delinquency; question the validity of sociological theories based on official statistics; discuss the missing factors in the sociologist's interpretation of official records for research; and describe, with case illustrations, how decisions in law enforcement agencies are made on the basis of "gestures, voice intonation, body motion, dissatisfaction with answers to hypothetical questions, imputations about family organization, imputations about personal character, and so on."

DELINQUENCY PREVENTION: theory and practice. Edited by William E. Amos and Charles F. Wellford. Prentice-Hall, Inc., Englewood Cliffs, N.J. 1967. 254 pp. $6.50.

Everyone wants to prevent juvenile delinquency and many persons are working toward that end, but results are often poor because no way has been developed to mobilize all of society's institutions toward that end, according to the editors of this collection of 13 papers on the prevention of juvenile delinquency. These papers discuss theories of causation and methods of attacking the problem through such social institutions as the schools, youth-serving agencies, recreation services, the courts, and the economic system. In a summary, the editors point out that all the contributors see the problem of delinquency as "multicausal," and so requiring a mobilization of all social institutions to attack its causes; and also that they all maintain that the lead in this attack must be taken by government at its various levels.

In the chapter on basic principles, the author lists the assumptions on which parent group education rests, discusses them, and states their meaning for education. In effect, she says that parents are capable of learning, want to learn, and can learn from each other when the material is of interest to them and that they can respond freely under the right conditions.

THE DEVELOPMENT OF POLITICAL ATTITUDES IN CHILDREN. Robert D. Hess and Judith V. Torney. Adline Publishing Co., Chicago, Ill. 1967. 288 pp. $9.75.

The school stands out as the most important force in shaping the political opinions of children, according to this report on a study of how children form political opinions. But, the authors point out, the school's influence comes more from its stress on compliance with law and authority than from what it teaches. The study was conducted by administering an hour-long questionnaire on politics to 12,000 schoolchildren in grades two through eight in eight cities, both large and middle-sized, in all sections of the Nation and in both middle and lower economic neighborhoods.

The authors found that the child's political development begins with a strong attachment to the Nation. The child sees the United States as ideal and better than other nations; he forms this opinion early and is still holding it in the eighth grade. The authors also found that the child forms his opinions by identifying with authority figures—his father, a policeman, and the President. He sees the government as very powerful but benign and thinks it is good to obey the government as it is good to obey all adult authority.

The authors maintain that middle class families have more influence on shaping opinion than families of lower socioeconomic status; that often the child of lower socioeconomic background receives very little help from his home in understanding political life. They found that the most marked difference between the thinking of children from the two socioeconomic groups "is the tendency for low-status children to feel less efficacious in dealing with the political system than do children from high-status homes."

THE PSYCHOANALYTIC STUDY OF THE CHILD: volume XXII. Ruth S. Eissler, M.D., Anna Freud, Heinz Hartmann, M.D., and Marianne Kris, M.D., managing editors. International Universities Press, New York. 1967. 425 pp. $12.

Contributors to the 1967 volume of the annual Psychoanalytic Study of the Child are from England, the Netherlands, and the United States. The 20 papers are divided under four general heads—problems of psychopathology and therapy; psychoanalytic theory; normal and pathological development; and clinical examples. They include papers on losing and being lost by Anna Freud; considerations in the assessment of early infancy by W. Ernest Freud; suitable play occupations for the blind child by Dorothy Burlingham; the meaning of the peek-a-boo game by James A. Kleeman; and the individuation process in adolescence by Peter Blos.

An appendix lists the contents of the previous 21 volumes.

. . . AND A TIME TO DANCE. Norma Canner. Photography by Harriet Klebanoff. Beacon Press, Boston, Mass. 1968. 132 pp. $5.95.

With the help of 125 black-and-white photographs, this book shows how a dance teacher works with mentally retarded preschool children to encourage them to express themselves freely in wordless communication. In the text, the dancer-author points out that creative movement has no right or wrong and so is particularly gratifying to young children. The book concludes with several pages of texts and photographs about a dance workshop for teachers.

HERE and THERE

New CB chief

In early May, President Johnson appointed Pardo Frederick DelliQuadri as chief of the Children's Bureau to succeed Katherine B. Oettinger now deputy assistant secretary for family planning, Department of Health, Education, and Welfare. A social worker with long experience in child welfare services and social work education, Mr. DelliQuadri has worked with local, State, and international agencies. At the time of appointment, he was dean of the University of Hawaii School of Social Work. From 1960 to 1967, he was dean of the Columbia University School of Social Work. Before 1960, he was for 10 years director of the Division of Children and Youth, Wisconsin Department of Public Welfare, and a lecturer at the University of Wisconsin School of Social Work. Since his days at Columbia, he has been U.S. Representative to the United Nations Children's Fund (UNICEF).

Public assistance

In a unanimous decision handed down on June 17, 1968, the Supreme Court of the United States ruled out Alabama's policy of withholding assistance through the aid to families with dependent children program from an otherwise eligible child whose mother maintains an illicit sexual relationship. The Court ruled that the sexual behavior of the mother could not, consistently with the Federal definition of "parent," be used to determine whether her children were eligible for assistance as long as the man in question was not supporting the children and was not legally responsible for their support.

Said the Court, through Chief Justice Earl Warren, "In sum, Congress has determined that immorality and illegitimacy should be dealt with through rehabilitative measures rather than measures that punish dependent children. . . ."

Since Alabama initiated its "man-in-the-house" ruling in 1964, the number of children on its aid to families with dependent children rolls has declined by 16,000. Similar policies of 18 other States and the District of Columbia will be affected by the ruling.

Child health

Variations in the findings of pediatricians, psychologists, and teachers in evaluating the developmental level of individual preschool and kindergarten children have pointed up the usefulness of coordinated medical, psychological, and educational examinations of preschool children and the need to include a standardized neurological test in the medical examination, according to the findings of a study conducted from 1965 through 1967 at the University of Michigan School of Public Health, with a grant from the Children's Bureau. The study was directed by Patricia A. O'Connor, M.D., in association with Ralph M. Gibson and Mary Jane Schwertfeger.

The study involved two groups of children: one, preschool children in Ann Arbor; the other, kindergarten children in Dearborn. Both groups were enrolled in public school programs. The Ann Arbor children were examined by the pediatricians, psychologists, and teachers at the beginning and the end of the school programs.

Pediatricians and psychologists were in general agreement about the children's developmental levels but not about their emotional adjustment. Behavior considered desirable by some examiners indicated emotional problems to others. However, the results of repeated neurological examinations, using a standard form developed by the researchers, were consistent.

The researchers recommend that a standard procedure for administering and recording the findings of neurological examinations be used. Its use will make the identification of neurological problems easier and the responses on the examination will give the physician a basis for estimating developmental levels, they point out.

. . .

Late summer seems to have been the best season for conceiving children in New York City in the years 1962 through 1964. Children conceived in August of those years, whether they were born to white, nonwhite, or Puerto Rican mothers, generally had higher birth weights than those conceived in other seasons. Also, fetal loss was lower when conception had taken place in late summer. The rate of fetal deaths was highest among children conceived in the months from December through May. However, summer was not desirable as the time of conception in all respects. For instance, women who conceived just before vacation or holiday times tended to postpone prenatal care.

These facts were found in a study of the influence of season on conception made by the Health Services Administration, New York City Department of Health, and the Medical and Health Research Association of New York City, Inc., with a grant from the Children's Bureau. Statistics on over half a million single births were included.

The investigators looked into birth weight; duration of gestation; complications of pregnancy; congenital malformations; and fetal, infant, and perinatal losses.

The peak time for conception, the study found, was late in the year. For the white mothers, however, conceptions varied by no more than about 3 percent from the mean over the year. The lowest point was in April. For the two other groups of mothers, the rate dropped sharply in summer.

For deaths of infants at less than 7

days, the variation according to the season of conception was comparatively small. However, for all three groups, early neonatal mortality tended to be above average among conceptions that took place in the first half of the year and those that took place in the last months of the year.

The investigators point out that variation by season of conception existed for conception as such, regardless of ethnic group and type of hospital service, and that, as the seasonal variation in some obstetrical factors is often small when it exists, conclusions are sometimes not possible without further investigation.

Speech therapy

Neither the "traditional" method of treating functional, articulatory disorders in children nor an experimental sensory-motor method proved superior to the other in a 2-year research project conducted from 1965 to 1967 at the Speech and Hearing Clinic at the Pennsylvania State University, by Eugene T. McDonald and Lester F. Aungst, with a grant from the Children's Bureau. However, the investigators found indications that the sensory-motor might be the more effective method to use to familiarize children with the essential characteristics of a sound and to lessen regression after therapy.

The traditional method emphasizes ear training and the use of commercial or teacher-prepared materials in drill; the sensory-motor method emphasizes awareness of patterns of sensation and reinforcement through practice of a child's spontaneous productions of correct sound.

About 450 children in grades 3 through 6 who had normal intelligence and hearing but functional disorders in speech participated in some phase of the study. The first stage involved 108 children divided into three groups: the first received traditional therapy during school year 1965–66; the second, sensory-motor therapy; and the third, no treatment. All were tested for articulative proficiency at the beginning and end of the school year. During the second stage, the following school year, 184 children received sensory-motor treatment by the therapists who had given the traditional treatment in stage I. They included 37 children who had received traditional therapy in stage I who now received sensory-motor treatment from the same therapists and a matched group of 37 children who had received no previous treatment. These children were tested before and after treatment. During the third stage, the articulation of the two subgroups was tested after a summer without treatment.

The findings indicated that some therapists obtained better results from traditional and some from sensory-motor therapy.

From the results, the investigators concluded that two phases of articulatory development might exist: "programing," when the child becomes familiar with the features of correct sound; and "practicing," when he learns to reproduce these features consistently. They also saw indications that when a child reaches a certain level of programing and practicing, a level yet to be determined, his articulation might improve without therapy.

Handicapped children

A high prevalence of preventable, treatable, or rehabilitative physical handicaps—many of which can have an adverse effect on intelligence—exists among children in at least some institutions for the mentally retarded, according to the findings of a study recently completed by the School of Public Health, University of Michigan, with a grant from the Children's Bureau. Under the direction of Donald C. Smith, M.D., an interprofessional research team studied 540 children under 12 years of age at two State institutions for the mentally retarded to determine the characteristics of the children, the kind of medical care they needed, the association of patient characteristics with need for care, and the meaning for planning and organization of care.

Among the findings were these:

- Only 18 percent of the children had no associated handicapping condition.
- About 49 percent of the profoundly retarded children had at least three other handicaps, as did 21 percent of the mildly or moderately retarded.
- More than two-thirds of the children apparently needed at least one consultation with a specialist.
- No comprehensive medical evaluation or treatment plan had been developed for many of the children with additional handicaps.
- Of the more than 600 recommendations for treatment that consultants had made, only 365 were carried out as recommended; alternate care was provided in 30 cases.
- More children who had been residents of the institution for long periods had severe dental problems than those who had only been there for only a short time.

The researchers also found that most children with physical stigmata—such as Mongolism or cerebral palsy—had been admitted earlier to the institutions than other children, regardless of the degree of retardation.

. . .

The Children's Hospital Medical Center in Boston, Mass., recently began a 5-year project to study the effects of congenital heart disease on the motivation and capacity of adolescent cardiac patients to prepare for future employment. The study has been made possible by a grant from the Social and Rehabilitation Service of the Department of Health, Education, and Welfare. Alexander S. Nadas, M.D., chief of the cardiological division of the center and clinical professor of pediatrics at Harvard Medical School, is directing the study along with Alla Zauer, M.D.

Using a sample of adolescents with congenital heart disease in the New England States, the specialists conducting the project will study the psychological and social effects of cardiac disease in early childhood on the adolescent's attitude toward and his capacity for adjusting to social demands; the relation of the severity of the heart disease to intellectual capacity; the incidence of neurosis among adolescents with congenital heart disease; and the effects on the adolescent of the attitude toward him of his friends and family members. They will also look into the availability and use of facilities to prepare adolescent cardiac patients for employment.

Child care

A Federal interagency panel on early childhood programs was established last April to set standards and coordinate all Federal child-care programs. The panel consists of representatives of the Departments of Health, Education, and Welfare (DHEW), Labor, Housing and Urban Development, and Agriculture; and the Office of Economic Op-

portunity. Agencies within DHEW represented on the panel include the Office of Education, the Health Services and Mental Health Administration, the Social and Rehabilitation Service, the National Institute of Child Health and Human Development, and the National Institute of Mental Health. Jule M. Sugarman, associate chief of the Children's Bureau, is chairman.

One of the first tasks the panel has undertaken is to develop the joint day-care standards required by the 1967 amendments to the Economic Opportunity Act.

Other tasks to be undertaken by the panel include these:

- Coordination of Federal support of programs for the care and development of preschool children.
- Improving technical assistance efforts in this field.
- Relating the Federal research and evaluation programs in this field.

. . .

Without exception, the 40 foster parents (20 couples) who took part in a training course on the foster family held last year by the Wurzweiler School of Social Work, Yeshiva University, said they had benefited from the program, according to a report recently issued by the school. They found that the training course helped them have better relations with their foster children, the foster children's own parents, their agencies, and their own children. They recommended that such a course be offered to all foster parents and that foster parents without children of their own be given a special course. And 34 of the 40 asked for an advanced program for themselves. All couples had been carefully selected by eight public and voluntary child-placement agencies in New York City.

Conducted with a grant from the Children's Bureau, the program set out to improve foster care through a three-part instructional program for foster parents, caseworkers, and supervisors. The training course for the parents was the most ambitious part. Once a week for 12 weeks, the 20 couples attended one of three courses at the university grouped according to the ages of the foster children in their care: under 1 year to 4 years, 4 to 8, and 8 to adulthood. Sessions centered on discussions of practical problems and issues, though each of them began with a brief lecture and closed with a brief summing up by the teacher.

The report points out that the foster fathers were active in the sessions and that the sessions were well attended. The project director recommends that future training courses be held nearer the homes of foster parents because the prestige of having the course given at the university did not outweigh the inconvenience of getting to the campus.

The program for caseworkers took the form of a 3-day institute designed to relate their work to the parents' course. Though the participants reported that they were helped by the sessions, they recommended that in the future such programs be less concentrated in time.

The supervisors attended four meetings before the parents' programs began and sat in on one of each kind of session. The meetings concentrated on the use of educational methods in training foster parents.

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readers' exchange

SPECHT et al: *What is professional?*

The casebooks of the neighborhood subprofessional workers in your January-February 1968 issue and the excellent comments on them by Perlman, Meyer, and Abels and Richman were interesting. ["Case Conference on the Neighborhood Subprofessional Worker: I. Excerpts from the Casebooks of Subprofessional Workers. II. Comments.] Harry Specht's defensive rebuttal in the Readers' Exchange section of the March-April issue distressed me by its implications that the four commentators had never before considered the questions raised in the article or that they felt compelled to leap to the defense of the "establishment."

The comments of all four raised the essential point, that social work service of professional quality cannot be given by substituting interest, energy, and overidentification for knowledge and skill. The commentators leaned over backward to assure subprofessional workers that social workers who have "credentials" are greatly interested in how people who lack the professional degree can help deliver services to people. Perhaps they should also have said more directly that the right questions to assess a situation can be formulated only out of appropriate knowledge.

The difficulty is compounded by Mr. Specht's claiming that training has been provided for the neighborhood workers. If these subprofessional workers had had inservice training, seminars, and formal courses, why did they not move beyond their superficial analysis, impulsive action, and overidentification that are so well illustrated in the case of the unmarried mother? Why did the supervisor whom the worker consulted permit all that activity without understanding the problem or dealing with the worker's need for immediate action and perhaps inappropriate, simple solutions?

Mr. Specht apparently does not miss the social work knowledge and skill that might have been used to advantage in this situation. His suggestion that the performance described has every right to be termed professional is discouraging. Why is the distinction between the value of the subprofessional worker's activity and that of the professional worker's contribution ignored? Look at the final sentences of the subprofessional worker's comments: "I be-

lieve that my style of handling clients' problems who live in the poor community is the most effective way possible. I'm from the community I serve, I know most of the people, they know me, I know their problems because they are mine also, and I understand the poor people because I am one, and a part of them."

This does not convey the appreciation or comprehension of social work that would be expected of a subprofessional person. It sounds antiprofessional and like the statement of someone who may understand poor *people* without being able to understand a poor *person*.

It is comforting to know that in other neighborhood service programs subprofessional workers are giving services in close working relationships with social workers as colleagues and supervisors. In these places, the social worker is responsible for the relevance and quality of the service given and the subprofessional worker gains understanding of and respect for the professional knowledge and attitude that he relies on to supplement his own perception and client relationships.

Mary R. Baker
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of America, New York

BROWN AND DOWNS: *Help without branding*

The two articles on "Juvenile Courts and the Gault Decision," by Howard G. Brown and William T. Downs, in the May–June 1968 issue of CHILDREN, succinctly place this decision of the Supreme Court of the United States in historical perspective and identify its implications. I am moved to offer one comment from the experience I am gaining in a year of study in Great Britain and two Scandinavian countries. The Gault case is not merely a milestone in American juvenile court history, it also reflects trends in countries with traditions different from our own.

As the authors indicate, the Supreme Court's insistence on due process at the adjudicatory stage of juvenile court proceedings will affect the scope and conduct of pre- and post-adjudicatory court activities. Since a "due process" hearing will doubtless strain already limited resources (Brown), it is reasonable to look to "more systematic screening procedures during the initial phases" as a way to "reduce the strain" (Downs).

I think it can fairly be said that the report of the President's Commission on Law Enforcement and Administration of Justice ("The Challenge of Crime in a Free Society") anticipated this concern. Considerations of both practice and principle moved the Commission to recommend the use of better screening and better alternatives to juvenile court action. As Mr. Downs suggests, some people may view increased reliance on precourt procedures as a way of avoiding the impact of the decision, yet I am confident that most are fully alert to the danger of improper exercise of authority at these earlier stages. Certainly, the Commission's report, with its insistence on right to counsel at any stage where coercive action is possible, manifests a lively awareness of this danger.

The fact remains, however, that "delinquency" varies—from serious offenses to noncriminal acts. The one constant among the laws of many States and nations is specialized procedures for juveniles. If young people commit misdeeds, many of which are relatively trivial, then the society that suffers from them must differentiate between the minor and the serious and weed out the "novice" from the experienced offender. How to do this and how to help juveniles without permanently branding them as offenders are questions outside the scope of the Gault decision, but rightly compelling to the authors, Brown and Downs. These questions are commanding attention in other countries from which we might find guidance. The recent British White Paper, "Children in Trouble," (Cmnd. 3601, 1968) is but one example.

Margaret K. Rosenheim
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(on leave of absence in England)

BURGESS: *Accent on the baby*

We were interested in the article by Linda C. Burgess, "The Unmarried Father in Adoption Planning," [CHILDREN, March–April 1968] because of our agency's experience during the past year in providing casework service to unmarried fathers.

This experience has thoroughly convinced us of the value of not only getting firsthand knowledge of the unmarried father and his background but also of involving him in the planning for his child. However, we go beyond the practice in Mrs. Burgess's agency, the Peirce-Warwick Adoption Service, Washington, D.C., in that we try to involve the boy or man in a casework relationship so that he will accept help for his own problems, too.

Mrs. Burgess's accent on the baby as the primary client is a fresh and welcome point of view. However, we do wonder what other sources are available in Washington to the unmarried mothers who, for various reasons, cannot present an unwed father. We recognize, however, that it takes real conviction as well as study on the part of any agency to decide what the agency can do well and then proceed to do it, limiting as the decision may be.

It does seem a great loss to us who know how difficult it is to get unwed fathers into the office for an agency that succeeds in this not to offer continued casework service to the unmarried father. We are all acutely aware that illegitimacy continues to be one of the most serious social and economic problems in the United States. Therefore, intensive casework with unwed fathers, particularly with those who are teenage boys, would seem to be an imperative. We have found that many of the younger fathers have multiple problems and seem to be in real confusion regarding their part in the pregnancy. The logical place to offer them service is in the same agency where the unmarried mother is receiving service. Otherwise, we have no assurance that they will receive counseling anywhere else.

If Mrs. Burgess's article had stated that by design certain unwed fathers were given casework help with their problems, then the reader would have less of a feeling of disappointment.

However, we think the article makes a real contribution in stressing the point that the baby is the adoption agency's primary client and in pointing out the importance of involving the unwed father in plans for the baby's future.

Helen O'Rourke
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Paul F. Carrier
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MULTISERVICE PROGRAMS FOR PREGNANT SCHOOL GIRLS. Marion Howard. Department of Health, Education and Welfare, Social and Rehabilitation Service, Children's Bureau. 1968. 47 pp. Single copies free from the Bureau.

Describes 35 programs in various parts of the country that provide educational, health, and welfare services to girls who leave or are excluded from school because of pregnancy, based on a survey conducted under the auspices of the District of Columbia Public School System.

ABOUT THE POOR: some facts and some fictions. Elizabeth Herzog. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Publication No. 451. 1967. 85 pp. 35 cents.

Discusses the characteristics, problems, and needs of poor people in the United States. Consisting of updated and combined papers previously published or read at conferences, the material is presented in four sections: problem populations; breakdown of the Negro family; some assumptions about poor people; and unmarried mothers.

PHENYLKETONURIA AND ALLIED METABOLIC DISEASES: proceedings of a conference held at Washington, D.C., April 6–8, 1966. John A. Anderson, M.D., and Kenneth F. Swaiman, M.D., editors. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1967. 239 pp. $1.50.

Contains 22 papers concerning the causes and effects of phenylketonuria and its treatment and the problems remaining to be solved.

CHILDREN'S BUREAU PUBLICATIONS: an index to publications by number, title, author, and subject, 1912–June 1967. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1967. 65 pp. Single copies available from the Bureau.

Lists, with an index, 650 publications published by the Children's Bureau, including pamphlets for parents and publications for professional people concerned with various aspects of child welfare, child health, and work with juvenile delinquents.

PREVENTION OF IRON - DEFICIENCY ANEMIA IN INFANTS AND CHILDREN OF PRE-SCHOOL AGE. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1967. 10 pp. Single copies free from the Bureau.

Discusses the prevalence of iron-deficiency anemia in infants and preschool-age children and recommends ways of preventing it through the use of iron-fortified foods and an educational program for professional and auxiliary workers and parents.

POST-INSTITUTIONAL SERVICES FOR DELINQUENT YOUTH. Raymond L. Manella. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Publication No. 455. 1967. 50 pp. 25 cents.

Presents guidelines for planning, administering, and evaluating services, programs, and facilities to help former juvenile delinquents adjust to their communities after release from institutions.

photo credits

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